

# STERLING BANK & TRUST, FSB

## BUSINESS DEPOSIT APPLICATION

### PRODUCT INFORMATION / TYPE OF ACCOUNT

<input type="checkbox"/> <b>STERLING BUSINESS CHECKING</b> <input type="checkbox"/> <b>Small Business Solutions</b> <input type="checkbox"/> <b>Business Solutions</b> <input type="checkbox"/> <b>Business Plus Solutions</b> <input type="checkbox"/> Business Debit Card <input type="checkbox"/> Online Banking <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cash Management <i>(Enrollment Form Required)</i> Opening Deposit Amount: \$ _____ <input type="checkbox"/> <b>BUSINESS MONEY MARKET</b> <input type="checkbox"/> Business Debit Card <input type="checkbox"/> Online Banking <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cash Management <i>(Enrollment Form Required)</i> Opening Deposit Amount: \$ _____ <input type="checkbox"/> <b>BUSINESS CERTIFICATE OF DEPOSIT</b> <input type="checkbox"/> Online Banking    Term: _____ Opening Deposit Amount: \$ _____	<input type="checkbox"/> <b>STATEMENT SAVINGS</b> <input type="checkbox"/> Online Banking <input type="checkbox"/> Direct Deposit Opening Deposit Amount: \$ _____ <input type="checkbox"/> <b>STERLING OVERDRAFT LINE OF CREDIT</b> <input type="checkbox"/> Individual Credit Line <input type="checkbox"/> Joint Credit Line <i>Note: Married applicants may apply for separate accounts.</i> <b>MARITAL STATUS</b> – Complete below only if for joint credit or applicant resides in a community property state. <b>Primary Account Holder:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried* <b>Other Party:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried* <i>(*Includes single, divorced, and widowed)</i> <input type="checkbox"/> <b>STERLING eDEPOSIT</b> <i>(Separate Addendum Required)</i>
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**How would you like your CD interest paid?** *(please select one)*

<input type="checkbox"/> Credit to certificate of deposit account	<input type="checkbox"/> Transfer to my account # _____
<input type="checkbox"/> Pay by monthly check	<input type="checkbox"/> monthly <i>OR</i> <input type="checkbox"/> at maturity
<input type="checkbox"/> Pay by check at maturity	

**CHECK ALL THAT APPLY / Describe your product or services.**

**Money Orders** – (Do you issue, sell or redeem money orders in an amount greater than \$1,000 for any person on any day in one or more transactions?)

**Traveler's Checks** (Do you issue, sell or redeem money orders in an amount greater than \$1,000 for any person on any day in one or more transactions?)

**Money Transmission** (Are you a money transmitter?)

**Check Cashing** (Do you cash checks in the amount greater than \$1,000 for any person on any day in one or more transactions?)

**Currency Dealing or Exchange** (Do you exchange currency in an amount greater than \$1,000 for any person on any day in one or more transactions?)

**Stored Value Cards** (Do you issue, sell or redeem stored value cards in an amount greater than \$1,000 for any person on any day in one or more transactions?)

**Internet Gambling** (Do you engage in an Internet gambling business?)

**Unlawful Internet Gambling Notice** – In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, restricted transactions are prohibited from being processed through your account or relationship with Sterling Bank & Trust. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

**Business Type:**     Sole Proprietorship     Partnership     Corporation     DBA     Other: \_\_\_\_\_

**Existing Account #:** \_\_\_\_\_

### PRIMARY ACCOUNT HOLDER

Name of Business: \_\_\_\_\_

Business Address – Street Number & Name *(No P.O. Boxes)*: \_\_\_\_\_

Mailing Address or P.O. Box *(If any)*: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Business Phone *(with area code)*: \_\_\_\_\_ Business Fax *(with area code)*: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Website Address: \_\_\_\_\_

TIN #: \_\_\_\_\_ County & State of Registration: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Number of Signatures Required for Withdrawals: \_\_\_\_\_

### OWNERS / PRINCIPALS

*(All owners/principals of the business must be identified below even if not a signer on the account)*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Occupation: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_%

U.S. Citizen?     Yes     No    If no, Country of Citizenship: \_\_\_\_\_ Resident Status:     Resident Alien     Non-Resident Alien

Secondary Identification:     Social Security Card     Major Credit/Debit Card     Other Government Issued Document

Secondary ID Number: \_\_\_\_\_ *(Last 4 digits only for credit/debit cards)* Exp. Date: \_\_\_\_\_ Issuer: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Occupation: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_%

U.S. Citizen?     Yes     No    If no, Country of Citizenship: \_\_\_\_\_ Resident Status:     Resident Alien     Non-Resident Alien

Secondary Identification:     Social Security Card     Major Credit/Debit Card     Other Government Issued Document

Secondary ID Number: \_\_\_\_\_ *(Last 4 digits only for credit/debit cards)* Exp. Date: \_\_\_\_\_ Issuer: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Occupation: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_%

U.S. Citizen?     Yes     No    If no, Country of Citizenship: \_\_\_\_\_ Resident Status:     Resident Alien     Non-Resident Alien

Secondary Identification:     Social Security Card     Major Credit/Debit Card     Other Government Issued Document

Secondary ID Number: \_\_\_\_\_ *(Last 4 digits only for credit/debit cards)* Exp. Date: \_\_\_\_\_ Issuer: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Occupation: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_%

U.S. Citizen?     Yes     No    If no, Country of Citizenship: \_\_\_\_\_ Resident Status:     Resident Alien     Non-Resident Alien

Secondary Identification:     Social Security Card     Major Credit/Debit Card     Other Government Issued Document

Secondary ID Number: \_\_\_\_\_ *(Last 4 digits only for credit/debit cards)* Exp. Date: \_\_\_\_\_ Issuer: \_\_\_\_\_

**BUSINESS MASTERMONEY DEBIT CARD APPLICATION**

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Number of Cards Requested: \_\_\_\_\_

**Names of Cardholders:**

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Dollar Limits: \$ \_\_\_\_\_

**COMPLETING THE APPLICATION PROCESS**

I will be opening my account by (please select)  Wire  Check  Other: \_\_\_\_\_

**OPENING YOUR ACCOUNT BY WIRED FUNDS**

For faster service, wire your initial deposit and fax your completed, signed application. You may also mail your application. The address and fax number are provided below. New customers: please forward a copy of your driver's license or state ID card with application. Please provide the following wire transfer information to your financial institution:

Wire to: **Federal Reserve Bank**  
ABA 272471849

Credit to: **Sterling Bank & Trust**  
Attn: Branch Operations  
2122 Market Street, San Francisco, CA 94114  
Fax: (415) 437-3864

Please also indicate your name and Social Security Number as part of your wire instructions.

**OPENING YOUR ACCOUNT WITH A CHECK**

If you are opening your account by check or money order, please make the check payable to STERLING BANK & TRUST and mail your check to: Sterling Bank & Trust, Attn: Branch 17, One Towne Square, Suite 165, Southfield, MI 48076. You may also fax your application to (248) 359-6660. New customers: please forward a copy of your driver's license or state ID card with application.

**BY MAIL OR ONLINE, YOUR RATE IS LOCKED FOR 10 DAYS**

The interest rate for the deposit and term you selected will be "locked-in" for up to 10 days from the date postmarked on your envelope. If your completed application and deposit are received during the 10-day "rate-lock" period and our interest rates have risen, you will automatically receive the higher rate. If your completed application and deposit are received after the 10-day "rate lock", you will receive the rate effective the date your application is received. If you have any questions or would like more information, visit our web site at [www.sterlingbank.com](http://www.sterlingbank.com) or call a local branch office.

**SIGNATURES**

BY SIGNING BELOW, I (WE), THE PRIMARY ACCOUNT HOLDER(S), HAVE CERTIFIED, UNDER PENALTY OF PERJURY, THAT:

• **TAXPAYER ID NUMBER (TIN)**—The Social Security number(s) shown on this application form is my (our) correct taxpayer identification number(s).

• **BACKUP WITHHOLDING**—

I (we) am subject to backup withholding.

I (we) am not subject to backup withholding because (a) I (we) am exempt from backup withholding; (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am subject to backup withholding as a result of failure to report all interest and dividends; or (c) the IRS has notified me (us) that I am no longer subject to backup withholding.

By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report from a credit reporting agency. Sterling Overdraft Line of Credit must be approved before this option is available. Resulting loan balance is subject to the terms and conditions of the Sterling Overdraft Line of Credit Agreement in the "Understanding Our Relationship" brochure.

Please check if applicable:

If I requested a MasterMoney card and do not qualify, I request the Bank issue to me a Sterling Bank & Trust ATM card in its place.

You are authorized to email to me information related to my account relationship with Sterling Bank & Trust, FSB including but not limited to statements, maturity notice, rate information, special product offers and other promotional information.

The undersigned also acknowledges receipt of a copy of and agrees to the terms of the subject disclosures.

**SIGNATURE—I (we) certify under penalties of perjury the statements on this application are accurate and correct.**

**BUSINESS ACCOUNT**

\_\_\_\_\_  
Signature Title: \_\_\_\_\_ Date: \_\_\_\_\_ Signature Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Title: \_\_\_\_\_ Date: \_\_\_\_\_ Signature Title: \_\_\_\_\_ Date: \_\_\_\_\_

NON-RESPONSIBILITY: Sterling Bank & Trust, FSB and its affiliates are not responsible in any way for direct, indirect, special or consequential damages, however caused, arising out of the use of this application or reliance on the information or services provided by Sterling Bank & Trust, FSB. Products and services are available in the U.S.A. only.

**FOR STERLING BANK & TRUST USE ONLY**

Customer #: \_\_\_\_\_ Account Rate: \_\_\_\_\_ Date Account Open: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

MasterMoney Card or ATM Card Account #: \_\_\_\_\_ Branch #: \_\_\_\_\_

Branch Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

