



Remote Deposit Application

Company Information

Company Name		DBA Name		EIN	
Street Address		City, ST Zip		Phone No.	
Mailing Address		City ST Zip		Fax No.	
Primary Contact, Title		E-Mail		Phone No.	

Type of Ownership ☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ C Corporation

☐ S Corporation ☐ Not for Profit Business Description

Date Established Date Current Ownership # of Owners/Principals # of Employees

Customer Description

☐ Consumers ☐ Businesses ☐ Government ☐ Both Business & Consumer

Sales Description

☐ In Person ☐ MO/TO ☐ Immediate Delivery ☐ Future Delivery

Other Comments

Refund Policy

☐ No Refund ☐ Refund in 30 Days or Less ☐ Merchandise Exchange

☐ Other

Annual Gross Revenues Last Fiscal Year Number of Locations

Seasonality (Yes/No, Describe)

Principal Information

Name #1 Title E-Mail

Address City ST Zip Phone No. Owner %

DOB SSN DL #/State Issued Exp

Name #2 Title E-Mail

Address City ST Zip Phone No. Owner %

DOB SSN DL #/State Issued Exp

Name #3 Title E-Mail

Address City ST Zip Phone No. Owner %

DOB SSN DL #/State Issued Exp



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Company Name

Financial Inquires

Has the business declared bankruptcy within the last 10 years? If yes, what chapter? Date of Filing

Has the principal/owner declared bankruptcy within the last 10 years? If yes, name & what chapter?

Date of Filing Any delinquent taxes owed by business or principal/owner? If Yes, Explain

Any pending litigation or unsatisfied judgements for business or principal/owner? If Yes, Explain

Is business for sale or under agreement that would change ownership? If Yes, Explain

Financial Institution References

Financial Institution Name	Routing/ABA Number	Account Number	Account Type	Date Opened	Contact #

*Colony Bank is authorized to initiate or transmit automatic credit and/or check entries to the account identified in the attached voided check relating to the above account for all services contemplated under this Application. Said authority is granted to the Bank's processor and their agents.

Requested Documentation to Accompany Completed Application

General Information:

- ☒ Copies of organizational papers and business filing certificates.
- ☒ Copies of driver's licenses or other government-issued identification for each principal/owner of business.
- ☒ Copies of last three months of banking statements.
- ☒ Financial Statement/Balance Sheet

Identification Information:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer that opens an account. What this means for you: when you open an account, we will ask you your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying information.

Consent to Obtain Credit Report

I/We ("Applicant") consent to Colony Bank ("Bank") obtaining one or more credit reports on me from time to time in connection with this Remote Deposit Application. Bank may also investigate my background, income, credit or credit-worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Unlawful Internet Gambling Customer Notification

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Federal Reserve Regulation GG, this notification is to inform you that, effective December 1, 2009, restricted transactions are prohibited from being processed through your deposit accounts or any other relationship with Colony Bank. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

Authorizations and Signatures

BY SIGNING BELOW, I/WE CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF ARE TRUE, CORRECT AND COMPLETE, AND ANY FALSE INFORMATION MAY SUBJECT ME/US TO CIVIL LIABILITY AND CRIMINAL PENALTIES UNDER THE PROVISIONS OF TITLE 18, UNITED STATES CODE SEC 1001. I/WE CERTIFY THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF TH COMPANY.

You are authorized to make all inquires you deem necessary to verify the accuracy of this application, either by directly or through any agency employed by the Bank for that purpose. I/we authorize the Bank to obtain credit reports in connection with this Remote Deposit Application, and agree to provide any additional information that the bank may require to process this application.

Printed Name/Title Signature Date

Printed Name/Title Signature Date

Printed Name/Title Signature Date