

DISCLOSURE TO FINANCIAL INSTITUTION

Merchant Information			
Legal Business Name	DBA Name	Date	
Business Address	City	State	Zip

Verification of Deposit Account	
Financial Institution Name	
Account Name	
Routing Number	
Account Number	

Attestation

We attest that the business as named above is a cannabis-related account by way of involvement with hemp, CBD, and/or marijuana-related products or related industry services. We affirmatively attest to the following by initialing each item:

- Our Financial Institution is aware that our business is a cannabis-related entity (to include hemp and/or CBD) licensed in the state(s) in which we conduct business. We further attest we are operating in accordance with state(s) and federal licensing and testing standards.
- Our Financial Institution has a written BSA/AML Compliance policy approved by the Board of Directors and addresses all BSA/AML requirements, including OFAC screening and monitoring for suspicious activity.
- Our Financial Institution has a formal BSA/AML program, which specifically establishes cannabis banking controls and regulation.

By signing below, I certify on behalf of the business named above that the information provided is current, truthful, and accurate.

Signature

Print Name

Title

Date