Business Deposit Account Application

Business Information

Business Eligibility

☐ Business Location in metro Atlanta _____ County

☐ Business Owner is Current Primary Member _____ Primary Member Account Number

Business Information

Legal Name of Business: _____

DBA *(If Applicable)*: _____ Federal Tax ID No.: _____

Principal Business Address:

_____
Street *(No P.O. Boxes)*

City | State | Zip

Business Phone | Business Email | Business Website

Mailing Address (if different from Principal Business Address)

Primary Contact Name | Emergency Contact Name | Emergency Contact Phone

Business Type

What type of business are you in? _____
Describe the primary nature and function of your business

Is the business involved in any of the following types of commerce?

Internet gambling	☐ Yes	☐ No
Currency dealer or currency exchange	☐ Yes	☐ No
Issuer of traveler's checks, money orders, or stored value cards	☐ Yes	☐ No
Money transmitter	☐ Yes	☐ No

Date Business Established | Number of Years Under Current Ownership | State of Registration | $ Annual Sales (Projected if new)

List the average weekly transaction volume expected for your Delta Community CU business account.

Average Cash Withdrawals _____ Estimated Number of Checks _____

Average Cash Deposits _____ Estimated Number of Wire Transfers _____

Delta Community Credit Union reserves the right to deny membership to certain types of businesses.

Please complete and sign the information related to your Federal Taxpayer Identification number.

☐ **Federal Taxpayer ID Number (TIN)** – The number shown on this form is my correct federal taxpayer identification number

☐ **Backup withholding** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations.

(If not a "U.S. Person", certify foreign status separately.)

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

x
Authorized Business Signatory | Date

Business Services Phone: 1.866.608.3228 | Fax 404.677.4946 | Email: Business.Services@DeltaCommunityCU.com

NCUA
This credit union is federally insured by the National Credit Union Administration.

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Business Deposit Account Application

Authorization Resolution

This form is required for all business accounts.

Name of Business: _____

Business Type:

☐ Sole Proprietorship ☐ Limited Liability Company (LLC) ☐ Corporation ☐ General Partnership ☐ Limited Partnership

I, _____ (Business Owner Name), certify that I am Secretary (clerk) of the above named _____ (Insert Business Type as above) organized under the laws of _____ Federal Tax Identification Number _____ engaged in business under the trade name of _____ (Name of Business) and that the resolution(s) on this document are a correct copy of the resolution(s) adopted at a meeting of the Board of Directors of the _____ (Name of Business) duly and properly called and held on _____ (Date). These resolution(s) appear in the minutes of this meeting and have not been rescinded or modified.

Agents - Please provide signatures below

Any Agent listed below is authorized to exercise the powers granted as indicated below:

1. Exercise all of the powers listed in this resolution.
2. Open any deposit or share account(s) in the name of the Business.
3. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.
4. Borrow money on behalf and in the name of the Business, sign, execute and deliver promissory notes or other evidences of indebtedness.
5. Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Business as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

Effect on Previous Resolutions (complete if updating)

This resolution supersedes the resolution(s) dated _____ . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the _____ (Insert Business Type) has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolution(s) and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. *(Apply seal below where appropriate)*

☐ If checked, the Business is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the _____ (Insert Business Type)

on *(date)* _____ .

Authorized Signers

	Print Name	Title	Signature
1.			
2.			
3.			
4.			

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Product and Authorized Signer Information

Product Selection

Savings

- ☐ Business Savings (5.00 min required for membership)
- ☐ Business Money Market

Checking

- ☐ Value Checking
- ☐ Business Checking

Additional Services

- ☐ Reward Points for Visa Check Card
  Contributing to:
  ☐ Business ☐ Primary Personal
- ☐ **Merchant Services**

Authorized Signers **At least 1 authorized signer must be a partial owner of the business**

Authorized Signer 1

Name (First, MI, Last) | Position with the Business | % Ownership

Social Security Number | Date of Birth (MM/DD/YYYY) | Existing Member Account No. *(if applicable)*

Driver's License/State ID No. (copy required) | State of Issue | Issue Date | Expiration Date

Street Address

City | State | Zip | Yrs at Current Address

Previous Address if Current is under 2 years

Home Phone | Work Phone | Mobile Phone | Email

Accounts: ☐ Business Savings ☐ Value Checking ☐ Business Checking ☐ Money Market Account

Check Card? ☐ Yes ☐ No

Authorized Signer 2

Name (First, MI, Last) | Position with Business | % Ownership

Social Security Number | Date of Birth (MM/DD/YYYY) | Existing Member Account No. *(if applicable)*

Driver's License/State ID No. (copy required) | State of Issue | Issue Date | Expiration Date

Street Address

City | State | Zip | Yrs at Current Address

Previous Address if Current is under 2 years

Home Phone | Work Phone | Mobile Phone | Email

Accounts: ☐ Business Savings ☐ Value Checking ☐ Business Checking ☐ Money Market Account

Check Card? ☐ Yes ☐ No

Authorized Signer 3

Name (First, MI, Last) | Position with Business | % Ownership

Social Security Number | Date of Birth (MM/DD/YYYY) | Existing Member Account No. *(if applicable)*

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Product and Authorized Signer Information

Authorized Signer 3 Continued

Driver's License/State ID No. (copy required) | State of Issue | Issue Date | Expiration Date

Street Address

City | State | Zip | Years at Current Address

Previous Address if Current is under 2 years

Home Phone | Work Phone | Mobile Phone | Email

Accounts: ☐ Business Savings ☐ Value Checking ☐ Business Checking ☐ Money Market Account

Check Card? ☐ Yes ☐ No

Authorized Signer 4

Name (First, MI, Last) | Position with Business | % Ownership

Social Security Number | Date of Birth (MM/DD/YYYY) | Existing Member Account No. *(if applicable)*

Driver's License/State ID No. (copy required) | State of Issue | Issue Date | Expiration Date

Street Address

City | State | Zip | Years at Current Address

Previous Address if Current is under 2 years

Home Phone | Work Phone | Mobile Phone | Email

Accounts: ☐ Business Savings ☐ Value Checking ☐ Business Checking ☐ Money Market Account

Check Card? ☐ Yes ☐ No

Important Account Opening 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 person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The undersigned authorizes the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals to determine eligibility for a business deposit product. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and will receive copy(ies) of, this document and the following:

- ☒ Business Membership & Account Agreement
- ☒ Electronic Fund Transfers: Your Rights & Responsibilities
- ☒ Limits & Fees Disclosure
- ☒ Business Services Wire Transfer Service Agreement & Disclosure
- ☒ Privacy & Opt Out Notification
- ☒ Business Deposit Account Terms & Conditions
- ☒ Funds Availability Disclosure
- ☒ Online Account Protection Notification

Authorized Signer's Signatures

x _____ Signer 1

x _____ Signer 2

x _____ Signer 3

x _____ Signer 4

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