

Business Deposit Account Application - Sole Proprietorship



A Sole Proprietorship is a business owned and managed by one person (or for tax purposes, a husband and wife). Sole proprietorship is a common form of organization for a small business. This person alone receives the profits and is responsible for the obligations of the business. Setting up a sole proprietorship may be easier than other business types since no legal formation documents need to be filed with any governmental agency, although tax registration and other permit and license requirements still apply. A sole proprietor may do business with a trade name other than his or her legal name. If so, a trade name registration is required. In Georgia, trade names are registered with the Clerk of Superior Court of the county where the business is located. Trade names are also known as fictitious names, assumed names or DBAs (short for doing business as).

Notice to Applicant: Delta Community Credit Union reserves the right to reject membership applications for complex corporations, or business partnerships, or business entities, in which one or more of the owners is a non-person (such as another corporation, a partnership, etc.). If you have questions regarding membership eligibility as to your business structure, please contact our Deposit Services Department at (404) 677-4659, Option 1 for assistance.

Business Membership Application Checklist

To apply for a Business Deposit Membership for a sole proprietorship, please provide a copy of the documents in the checklist below.

Completed Business Deposit Account Application

Current Business License, Occupational Tax Certificate or Trade Name Registration

Taxpayer Identification Number or the Social Security Number of the Sole Proprietor

Driver's License for each Authorized Signer

Business Deposit Account Application

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

NAICS Code _____ North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax Return or Schedule C.

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

Is your business a non-profit, not-for-profit, or charitable organization? YES NO

Date Business Established _____ Number of Years Under Current Ownership _____ State of Registration _____ Annual Sales (projected, if new) \$ _____

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.
- The FATCA code(s)** entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

(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).

Authorized Business Signatory _____ Date _____

As a financial institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

Business Activity

Delta Community does not offer accounts for internet gambling businesses, money service businesses (MSB), which includes: (1) cryptocurrency businesses (i.e. Bitcoin), (2) currency dealer or exchanger, (3) check cashing business, (4) issuer or redeemer of traveler's checks, money orders or stored value, (5) money transmitter (i.e. MoneyGram and Western Union), or marijuana-related businesses.

Does your business engage in any of the above activity? YES NO (If YES, we are unable to service your business)

Do you have a privately owned ATM at any of your business locations? YES NO

Is the Internet a major source of revenue for your business? YES NO

Monthly Cash Activity

What is the source of the cash deposits and/or purpose of cash withdrawals?

Deposits \$ _____

Withdrawals \$ _____

Monthly ACH Activity

What is the source of the ACH deposits and/or purpose of ACH withdrawals?

Number of ACH Deposits _____

Number of ACH Withdrawals _____

Dollar Amount of Deposits \$ _____

Dollar Amount of Withdrawals \$ _____

Monthly Wire Activity

Domestic Describe the purpose of these transfers and list any reoccurring recipients/senders.

Number of Wires Sent _____

Number of Wires Received _____

Dollar Amount Wires Sent \$ _____

Dollar Amount Wires Received \$ _____

Foreign Describe the purpose of these transfers, geographical location and list any reoccurring recipients/senders.

Number of Wires Sent _____

Number of Wires Received _____

Dollar Amount Wires Sent \$ _____

Dollar Amount Wires Received \$ _____

Monthly Check Activity

Deposits \$ _____ Withdrawals \$ _____

Product Selection

Savings

Business Savings
(5.00 min required for membership)

Business Money Market

Checking

Business Value Checking

Business Checking

Additional Services

Reward Points for Visa® Debit Card

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 Years at Current Address

Previous Address if Current is under 2 years

Home Phone Work Phone Mobile Phone Email

Debit Card? Yes No

Authorized Signer 2

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 Years at Current Address

Previous Address if Current is under 2 years

Home Phone Work Phone Mobile Phone Email

Debit 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

Privacy & Opt Out Notification

Electronic Fund Transfers: Your Rights & Responsibilities

Business Deposit Account Terms & Conditions

Limits & Fees Disclosure

Funds Availability Disclosure

Business Services Wire Transfer Service Agreement & Disclosure

Online Account Protection Notification

Authorized Signer's Signatures

x _____
Signer 1

x _____
Signer 3

x _____
Signer 2

x _____
Signer 4

For internal use only: Branch ID: _____

Teller #: _____