

Business Deposit Account Application - Partnership

A partnership is a business in which two or more owners agree on how to share profits and liability. While not required by law, all partnerships should create a written partnership agreement. There are two common forms of partnership: general and limited.

General: All partners share equally in the right, and responsibility to manage the business, and each partner is responsible for all debts and obligations of the business.

Limited: A limited partnership is similar to a general partnership, except it has two types of partners. A limited partnership must have at least one general partner who manages the business and is personally liable for its debts and claims. A limited partner is typically an investor who contributes capital to the business, but is not involved in day-to-day management and may not be fully liable for its debts and obligations. To create a limited partnership, you must register with the Secretary of State. The partnership is governed by a Limited Partnership Agreement.

Business Membership Application

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

- Completed Business Deposit Account Application
- Completed Resolution for Membership and Depository Services Document
- Formal Partnership Agreement
- Certificate of Limited Partnership (if applicable)
- Business License or Occupational Tax Certificate (if applicable)
- DBA filing (if operating under a name differing from the legal name)
- Taxpayer Identification Number (TIN/EIN)
- Driver's License for each Authorized Signer
- Certification of Beneficial Owner(s) Form

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

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.

NAICS Code

- 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

Business Deposit Account Application



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 \$ _____

Business Deposit Account Application



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 _____ 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 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 _____

Accounts: Business Savings Value Checking Business Checking Money Market Account

Check Card? Yes No

Business Deposit Account Application



Authorized Signer 3

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	
Accounts: <input type="checkbox"/> Business Savings <input type="checkbox"/> Value Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account					
Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Authorized Signer 4

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	
Accounts: <input type="checkbox"/> Business Savings <input type="checkbox"/> Value Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account					
Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Business Deposit Account Application



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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Business Membership & Account Agreement | <input checked="" type="checkbox"/> Privacy & Opt Out Notification |
| <input checked="" type="checkbox"/> Electronic Fund Transfers: Your Rights & Responsibilities | <input checked="" type="checkbox"/> Business Deposit Account Terms & Conditions |
| <input checked="" type="checkbox"/> Limits & Fees Disclosure | <input checked="" type="checkbox"/> Funds Availability Disclosure |
| <input checked="" type="checkbox"/> Business Services Wire Transfer Service Agreement & Disclosure | <input checked="" type="checkbox"/> 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 #: _____

Resolution for Membership and Depository Services (Partnership)

Name of Partnership: _____

If checked, this Partnership operates under the trade name, _____

The above partnership consists of the following partners (or if a limited partnership, the following general partners):

The above-named parties represent that they constitute all of the partners of the Partnership designated above, or if a limited partnership, constitute all of the general partners of the Partnership designated above. These individuals are referred to in this document as "Partners".

Federal Employer I.D. Number: _____.

RESOLVED, that each of the persons named below (**the "Authorized Signers"**) is hereby authorized in the name and on behalf of this Partnership to open and maintain such banking accounts (**the "Accounts"**) with Delta Community Credit Union as he or she may deem necessary or appropriate, in his or her sole discretion, including, without limitation, savings, checking, money market, certificates of deposit and night depository accounts and relationships, and to take the following actions, including but not limited to:

- 1) Open any deposit account in the name of the Partnership;
- 2) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with Delta Community Credit Union; and
- 3) Borrow money on behalf and in the name of the Partnership and sign, execute and deliver promissory notes or other evidences of indebtedness.

Print Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Resolution for Membership and Depository Services (Partnership) Continued

RESOLVED, that each of the persons named below (the “Debit Card Users”) is hereby authorized in the name of and on behalf of this Partnership to receive a debit card which can be used to access the Accounts with Delta Community Credit Union as he or she may deem appropriate in his or her sole discretion, including the ability to withdraw, transfer or deposit money using the debit card.

Print Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This resolution supersedes all previous resolutions.

Certification of Authority:

In witness whereof, the undersigned have executed this Resolution on _____.

Signature of Partner

Signature of Partner

Signature of Partner

Signature of Partner

Certification of Beneficial Owner(s) Form

General Instructions

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Certification of Beneficial Owner(s)



Federal regulation requires financial institutions to obtain, verify and record information about beneficial owners of a legal entity. For purposes of this form, a legal entity includes a Corporation, Limited Liability Company and Partnerships.

I. Persons opening a membership on behalf of a legal entity must provide the following information:

a. Name of person(s) opening business membership/account or maintaining business/accounts:

b. Name of legal entity for which the membership/account is being opened/maintained:

II. Provide the information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent (25%) or more of the equity interests of the legal entity listed above:

Beneficial Owner Not Applicable

Owner 1

Name	% Ownership	Date of Birth	Address
Tax Identification Number (SSN, EIN)	ID Type & ID Number/Passport Number & Country of Issuance		

Owner 2

Name	% Ownership	Date of Birth	Address
Tax Identification Number (SSN, EIN)	ID Type & ID Number/Passport Number & Country of Issuance		

Owner 3

Name	% Ownership	Date of Birth	Address
Tax Identification Number (SSN, EIN)	ID Type & ID Number/Passport Number & Country of Issuance		

Certification of Beneficial Owner(s)



Owner 4

Name	% Ownership	Date of Birth	Address
Tax Identification Number (SSN, EIN)		ID Type & ID Number/Passport Number & Country of Issuance	

III. Provide the following for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g. CEO, CFO, COO, VP, Managing Member, General Partner, President, Treasurer) or any other individual who regularly performs similar functions.

Name	Date of Birth	Address
Tax Identification Number (SSN, EIN)		ID Type & ID Number/Passport Number & Country of Issuance

(If appropriate, an individual listed under section (ii) above may also be listed in this section (iii).)

Certification and Agreement

I, _____ (name of person opening membership/account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____ Date: _____