

## 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



# 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:

- 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 #: \_\_\_\_\_

## 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