

## 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



## 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 Credit Union 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.

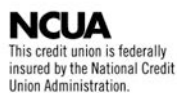
**Please complete and sign the information related to your Federal Taxpayer Identification number.**

- 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.
- 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).

X \_\_\_\_\_  
Authorized Business Signatory \_\_\_\_\_ Date \_\_\_\_\_

Business Services Phone: 1.866.608.3228 | Fax 404.677.4617 | Email: Business.Services@DeltaCommunityCU.com



# Business Deposit Account Application



## 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

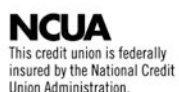
#### Authorized Signer 1

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		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 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					

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# Business Deposit Account Application

## Product and Authorized Signer Information



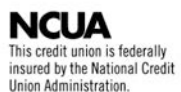
### Authorized Signer 3

Name (First, MI, Last)		Position with Business		% Ownership			
Social Security Number		Date of Birth (MM/DD/YYYY)		Existing Member Account No. (if applicable)			
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					

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# Business Deposit Account Application

## Product and Authorized Signer Information



### 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

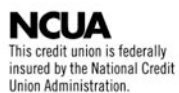
X \_\_\_\_\_  
Signer 2

X \_\_\_\_\_  
Signer 4

For internal use only: Branch ID: \_\_\_\_\_

Teller #: \_\_\_\_\_

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## 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 \_\_\_\_\_. (Date)

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner