

Business Deposit Account Application - Limited Liability Company (LLC)

The limited liability company (LLC) is a relatively new business ownership structure that combines what some consider the best features of a corporation and a partnership. It gives small business owners corporate-style protection from personal liability while retaining the pass-through income tax treatment enjoyed by sole proprietors and partnerships. In most states, the only formal legal step required to create an LLC is to prepare and file the LLC's articles of organization with your state's secretary's office (in some states, this organizational document is called a "certificate of organization" or a "certificate of formation"). The Operating Agreement of an LLC is a vital document because it determines and defines the rights of the members and/or managers. LLC members are the owners of the LLC much as shareholders are the owners of a corporation or the partners of a partnership.

Business Membership Application Checklist

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

- Completed Business Deposit Account Application
- Completed Resolution for Membership and Depository Services Document
- Certificate of Organization and Articles of Organization from the issuing state
- Certificate of Authority (if a foreign Limited Liability Company)
- Signed Operating Agreement (if a Multi-Member Limited Liability Company)
- 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.

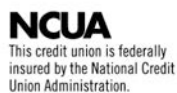
Please complete and sign the information related to your Federal Taxpayer Identification number.

- 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

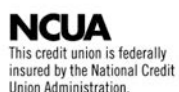
Authorized Signer 1

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					

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



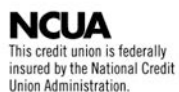
Authorized Signer 3

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					

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



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

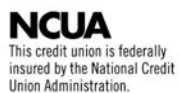
X _____
Signer 2

X _____
Signer 4

For internal use only: Branch ID: _____

Teller #: _____

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



Resolution for Membership and Depository Services (Limited Liability Company)

Name of Limited Liability Company: _____

If checked, this Limited Liability Company operates under the trade name: _____
_____.

I, _____, certify that I am a Manager or Designated Member of the above-named Limited Liability Company organized under the laws of _____, Federal Employer I.D. Number: _____ and that the resolutions on this document are a correct copy of the resolution adopted at a meeting of all the members of the Limited Liability Company duly and properly called and held or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

RESOLVED, that each of the persons named below (**the “Authorized Signers”**) is hereby authorized in the name and on behalf of this Limited Liability Company 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 Limited Liability Company;
- 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 Limited Liability Company and sign, execute and deliver promissory notes or other evidences of indebtedness.

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

Resolution for Membership and Depository Services (Limited Liability Company) 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 Limited Liability Company 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:

I further certify that I, as a Manager or Designated Member, or we, as constituting all Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions herein and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

In witness whereof, I have subscribed my name to this document and affixed the seal of the Limited Liability Company on _____ (date). (Resolution should be signed either by Manager/Designated Member or all members of the limited liability company.)

Manager or Designated Member

Member

Member

Member

Member

Member

Member