

## **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).

### **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 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.

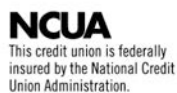
### Please complete and sign the information related to your Federal Taxpayer Identification number.

- 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

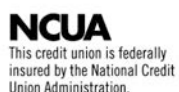
#### Authorized Signer 1

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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## Product and Authorized Signer Information



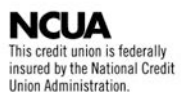
### Authorized Signer 3

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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## 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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