



Account#	Date
New Account	
Update Responsible Individual, Authorized Signers, or Beneficial Owners	

1. The business must be legally formed and operating under Michigan law. Operating Agreement and Business legal documents may be requested.
2. The LLC must be headquartered in Michigan and In Good Standing with the Michigan Department of Licensing and Regulatory Affairs.
3. All account signers must provide current state or government issued identification.

Business Name	DBA Name <i>(if applicable)</i>			
Business Physical Address <i>(No PO Box)</i>	City	State	ZIP	Date Business Established
Business Mailing Address <i>(if different than physical address)</i>	City	State	ZIP	Business Phone

Single Member Name			Work Phone ext			Cell Phone
Physical Home Address (No PO Box)			City	State	ZIP	Home Phone
SSN	Birth Date	Primary Employer			Primary Occupation	
Email Address			Issue VISA Debit Card? Yes No <i>Debit Cards are only issued on accounts that have a checking account.</i>			

- Online Banking access and registration are linked to the **phone number and email address** of the designated individual.
- This designated individual will also serve as the **primary contact** for Dow Credit Union regarding any account-related information.

Select one: Single Member Retains Online Banking Access -OR- Designate one Online Banking Access on Section B: Authorized Signers

Which Tax Identification Number will be used for IRS reporting?:	Single member SSN (listed above)	
	EIN:	Enter tax classification (C = C corp, S = S corp, P = Partnership):

TAX CERTIFICATIONS FOR THE LLC APPLICANT: *Under penalties of perjury, the undersigned certifies that (1) the Taxpayer Identification Number (TIN) shown on this form is the correct TIN of the business or other entity applying for membership and services (2) the entity is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the business that it is no longer subject to backup withholding; (3) this is a U.S. entity or U.S. person; (4) the entity is exempt from FATCA reporting.*

Check Here if you have been notified by the IRS that the LLC is currently subject to backup withholding.

The undersigned acknowledges that the following is a true representation of resolutions as further described herein:

RESOLVED, that this business is hereby authorized to apply for membership, to deposit funds into accounts in Dow Credit Union and to agree to be bound by the terms and conditions of any such account opened with the Credit Union. FURTHER RESOLVED, that until further written notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose names and titles appear in the "Authorized Signature" section of the Business Account Application & Signature Card.

FURTHER RESOLVED, that the Credit Union is authorized to accept a pledge of all or any part of said account as security for any obligation owed to it by this business, which shall be executed by any of the same authorized signers.

FURTHER RESOLVED, that every authorization previously granted to the Credit Union with respect to the accounts owned by this business or entity is revoked and rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior

to the adoption of these resolutions are hereby ratified and confirmed. Further that every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Business Account Application and Signature Card.

FURTHER RESOLVED, that the signature set opposite the respective titles below are genuine and that the person whose signature appear on the authorization were incumbents of the office/positions of the business set opposite their respective signature(s) on the date indicated.

FURTHER RESOLVED, that the above resolutions do not conflict with or contravene the creation or governing documents of the business.

CREDIT BUREAU CONSENT. By signing below I am consenting for Dow Credit Union to check my credit and employment plus answer any question regarding my credit experience with you

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Date:

SECTION B: AUTHORIZED SIGNERS

Authorized Signer: Has access to all shares and loans and authority to conduct transactions on behalf of the business or organization. Unless they separately agree to be held liable, the Authorized Signer(s) **will not be personally liable** for the obligations created by the business' account. Each Authorized Signer will have access to all deposit accounts in the Business Account and may request a Debit Card at any time.

Authorized Signers must also sign to accept Authorized Signer role.

Authorized Signer 1 Name			Work Phone		Cell Phone
			ext		
Physical Home Address (No PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Email Address			Issue VISA Debit Card? Yes No
Primary Employer		Primary Occupation	Online Banking & Primary Contact Designation		

Authorized Signer 1 Signature: _____

Date: _____

Authorized Signer 2 Name			Work Phone		Cell Phone
			ext		
Physical Home Address (No PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Email Address			Issue VISA Debit Card? Yes No
Primary Employer		Primary Occupation	Online Banking & Primary Contact Designation		

Authorized Signer 2 Signature: _____

Date: _____

Authorized Signer 3 Name			Work Phone		Cell Phone
			ext		
Physical Home Address (No PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Email Address			Issue VISA Debit Card? Yes No
Primary Employer		Primary Occupation	Online Banking & Primary Contact Designation		

Authorized Signer 3 Signature: _____

Date: _____

Authorized Signer 4 Name			Work Phone		Cell Phone
			ext		
Physical Home Address (No PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Email Address			Issue VISA Debit Card? Yes No
Primary Employer		Primary Occupation	Online Banking & Primary Contact Designation		

Authorized Signer 4 Signature: _____

Date: _____

I hereby certify that I am the Responsible Individual for the above-name Business, and I hereby make the following authorizations and representations: Until further notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose name and titles appear in the "Authorized Signers" section on which this certification and Authorization appears as authorized signers. Every authorization previously granted to the Credit Union with respect to the accounts owned by this business is revoked or rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the date of my signature below are hereby ratified and confirmed. Every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is notified in writing to the contrary. The signature(s) set opposite the respective titles in this document are genuine and the person(s) whose signature(s) appear in the authorization held the positions indicated on the date of my signature below.

Responsible Individual Signature

Date

SECTION C: Deposit Products and Services Elections

Account information and details about the Products and Services may be found in the Business Account Agreement and Disclosures.

Prime Share Savings Account: This product is required for all accounts. A \$5 membership deposit is required upon Account Opening.

Checking (required if Debit Card is desired) Order Checks	Statements, Notices, and Tax Forms Delivery Electronic Paper (a \$3 monthly fee will be applied)	Premium High Yield Simple High Yield
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SECTION D: Beneficial Owner Certification and Controller Designation

BENEFICIAL OWNERS: Please provide information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** in the equity interest of the legal entity provided in **Section A** of this application.

All Beneficial Owners must provide valid ID. If there is a Legal Entity Beneficial Owner (e.g. another company), request Legal Entity Owner Addendum

Beneficial Owner 1 Name	Ownership %	Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)		City	State ZIP	Birth Date

Beneficial Owner 2 Name	Ownership %	Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)		City	State ZIP	Birth Date

Beneficial Owner 3 Name	Ownership %	Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)		City	State ZIP	Birth Date

Beneficial Owner 4 Name	Ownership %	Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)		City	State ZIP	Birth Date

CONTROLLING INTEREST: Complete the following information for one individual with **significant responsibility for managing the legal entity listed in Section A** of this application, such as: An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, Managing Member, General Partner, President, Vice President or Treasurer), or any other individual who regularly performs similar functions.

Check Here if the Responsible Individual is the Controller (If selected don't fill out Controller Info below)

Controller Name and Title		Work Phone		Cell Phone
Physical Home Address (No PO Box)		City	State ZIP	Home Phone
SSN	Birth Date	Email Address		* Controller <u>must</u> provide valid ID.

By signing below, I hereby certify that the information provided herein Section D Beneficial Owner Certification and Controller Designation is complete and correct. I also agree to notify Dow Credit Union of any change in the Information provided in this Beneficial Owner Certification.

Responsible Individual Signature

Date

OFFICE USE ONLY			
MEMBERSHIP OFFICER:	DATE:	STAFF USER#:	DATE:
NOTES:			

SECTION E: Business Account Usage

Dow Credit Union uses this questionnaire to understand the nature and purpose of business member relationships, helping assess risk and comply with Bank Secrecy Act regulations. The Responsible Individual signing this form is attesting that they are providing the best estimates of how the account will be used. If your actual account usage differs from the information provided, we may ask you to provide reasons for the discrepancies.

General Information

Where is your business headquartered (City/State)?

What is the nature of your business?

NAICS CODE:

Does your business provide any of the following services? **N/A** or *Select all that apply below*

Money Service Business including any of the following services:

- Own or Maintain an ATM
- Check Cashing
- Exchange Foreign Currency
- Sell, Issue, or Redeem traveler's checks, money orders of prepaid cards
- Provide Remittance Services for customers to send money internationally
- Pay for services or goods in Crypto Currency
- Accept payments from Crypto Currency

Operate Casino or Gambling related business

Internet Gambling – Check if any portion of the business income comes from Internet Gambling

Precious metals, stones, or jewels (with purchases or sales of more than \$50,000 per year)

Pawn brokerage

Marijuana Tier 1 MRB: (Revenue derived from cultivation, production, testing or sale of cannabis)

Marijuana Tier 2 MRB: (Primary revenue derived from providing goods or services to Tier 1 MRB businesses)

Marijuana Tier 3 MRB: (Incidental Business with Tier 1 and Tier 2. Examples: lawyers, accountants, food delivery business, property owners that derive a portion of their revenue from Tier 1 or Tier 2 MRB)

Embassy, Foreign Consulate or Foreign Mission:

List home country if checked:

Which of the following will your account(s) be used for? *Select all that apply*

General Operating Funds

Payroll

Credit Card Processing

Lottery

Private Banking

Private-label Credit Card Account

Check if accounts are established at the point-of-sale, solely for the purchase of retail goods and/or services at the issuing retailer and have a credit limit of no more than \$50,000.

Pooled Investment Vehicle (If selected answer below)

Check if the pooled investment vehicle is operated or advised by an excluded financial advisor or institution.

Postage Remittance (If selected answer below)

Check if the account will be used to finance the purchase of postage, for which payments are remitted directly by the financial institution to the provider of Postage Products? (If selected answer below)

Check if the account will be used to make payments to, or receive payments from, third parties.

Check if there is a possibility of a cash refund on the account activity.

Insurance Premiums (If selected answer below)

Check if the account will be solely used to finance insurance premiums, for which payments are remitted directly by the financial institution to the insurance provider or broker? (If selected answer below.)

Check if the account will be used to make payments to or receive payments from third parties.

Equipment Purchase or Lease (If selected answer below)

Is the account will solely be used to finance the purchase or leasing of equipment, for which payments are remitted directly by the financial institution to the vendor or lessor of this equipment? (If selected answer below)

Check if the account will be used to make payments to, or receive payments from, third parties.

Check if there is a possibility of a cash refund on the account activity.

Check if you will be using a Safe Deposit Box? If yes, complete separate Business Account Safe Deposit Box Application

Declared Transactional Behavior - Which of the following types of services will you use with your account?

CASH SERVICES: **N/A** or complete the section below

Check if you will be using a courier or armored car service to complete your cash transactions.

Cash Deposits: Approximately how much cash do you expect to deposit each month? \$

Cash Withdrawals: Approximately how much cash do you expect to withdraw each month? \$

CHECK SERVICES: **N/A** or complete the section below

Check if you will be depositing checks remotely using Online Banking Remote Deposit Capture?

Check Deposits: Approximately what is your expected monthly check deposit total? \$

Check Withdrawals: Approximately what is your expected monthly check withdraw total? \$

ATM SERVICES: <i>N/A or complete the section below</i> ATM Deposits: Approximately what is the expected monthly ATM deposit total? \$ ATM Cash Withdrawals: Approximately what is the expected monthly ATM withdrawal total? \$	ELECTRONIC PAYMENT SERVICES: <i>N/A or complete the section below</i> <i>(Electronic Payment examples: ACH, International ACH, RTP, FedNow, etc.):</i> Outgoing Electronic Payment Transfers: Approximately what is the monthly total you expect to receive? \$ Incoming Electronic Payment Transfers: Approximately what is the monthly total you expect to receive? \$ Check if you will receive electronic payment transfers from non-US locations↓ List the countries from which you expect to receive electronic payments:
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WIRE TRANSFER SERVICES: <i>N/A or complete the sections below</i>	
Incoming Wire Transfers Approximately what is the monthly wire transfer total you expect to receive? \$ Check if you will receive wire transfers from non-US locations List from which countries you expect to receive wires:	Outgoing Wire Transfers Approximately what is the monthly total you expect to send? \$ Check if you will send wire transfers to non-US locations List which countries you expect to send wires to:

Special Services Related to the Nature of this Business

Check if your business acts as a PROFESSIONAL SERVICE PROVIDER?

Check if you act as an intermediary between your clients and the financial institution, performing services or arranging for services to be performed on your client's behalf.

Which of the following services do you provide? Select from the list below

Accounting	Funds management	Legal	Real estate
Check if this a registered public accounting firm?	Insurance	Medical	Tax preparation
	Investment advisory	Notary	Trust management

Check if you provide services that qualify your business as a NON-BANK FINANCIAL INSTITUTION?

Check if you provide SECURITIES, FUTURES COMMISSIONS OR COMMODITY TRADING.

Which of the following apply to your business? Select all that apply

An issuer of registered securities	SEC-Registered Investment Adviser	Registered with the Commodity
(SEC) Securities & Exchange Commission	Registered Exchange or Clearing Agency	Futures Trading Commission
Registered Investment Company	Other SEC-registered organization	None of the Above

Check if you provide INSURANCE OR INSURANCE SERVICES.

Check if your business is a State-regulated Insurance Company?

Which of the following are services your business provides? Select all that apply

Loan/Finance	Real estate closing and settlement	Vehicle sales (automobiles, airplanes, boats)
Credit Cards System Operation	Telegraph company	Federal, state or local government agency carrying out a duty or power of a business described above
Travel agency	U.S. Postal Service	

If you selected: "Securities, Futures Commissions or Commodity trading", "Insurance", "Loan/Finance", "Credit Cards System Operation" above,
Do you have a documented BSA/AML Program? YES NO

CHARITABLE or NONPROFIT income? Check if you depend, in whole or in part, on charitable donations and voluntary service for support.

Check if you have donors or volunteers from non-US countries. *If selected, complete fill-in blank below.*

In what countries are your donors or volunteers located?

Check if you provide BULK SHIPMENTS OF CURRENCY.

Check if your company offer courier or armored car services to ship currency on your customers' behalf.

Responsible Individual Signature

**Printed Name of
Responsible Individual:**

Date signed: