



## Business Account Application & Signature Card – For: Sole Proprietorship

(Credit Union Use Only)

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

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the financing 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 for the herein named business, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you, the owners of the business, or any person designated as a signatory upon the account by resolution. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

### SECTION A: APPLICATION & BUSINESS INFORMATION

To Open a Sole Proprietorship Business Account with Dow Credit Union, the following are required.

1. The business must be legally formed and operating under Michigan law.
2. The Sole Proprietor must be a Michigan Resident.
3. The business is required to provide all approved Certifications of Assumed Name (DBA) registered with Michigan counties.
4. All account signers must provide current state or government issued identification.

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

**Sole Proprietor (Owner) INFORMATION** – The Sole Proprietor is the Responsible Individual who will have access to all shares and loans, as well as the authority to conduct transactions, make changes to the account structure, appoint Authorized Signers, add or remove services, and close the account. As the Responsible Individual they maintain the responsibility of monitoring any transactions conducted by Authorized Signers.

Sole Proprietor Name		Work Phone		Cell Phone
Physical Home Address (No PO Box)		City	State	ZIP
SSN	Birth Date	Primary Employer		Primary Occupation
Email Address		Issue VISA Debit Card*? Yes   No		
*Debit Cards are only issued on accounts that have a checking account.				
<b>Online Banking and Primary Contact Designation – Access Rights:</b> Online Banking access may be retained by the <b>Sole Proprietor</b> or assigned to <b>one Authorized Signer</b> . User must complete the enrollment through the Online Banking Mobile App or Online.				
<ul style="list-style-type: none"><li>• Online Banking access and registration are linked to the <b>phone number and email address</b> of the designated individual.</li><li>• This designated individual will also serve as the <b>primary contact</b> for Dow Credit Union regarding any account-related information.</li></ul>				
Select one: <b>Sole Proprietor Retains Online Banking Access -OR-</b> <b>Designate one Online Banking Access on Section B: Authorized Signers</b>				
<b>Which Tax Identification Number will be used for IRS reporting:</b> Sole Prop SSN   EIN (if selected, provide EIN):				
<b>TAX CERTIFICATIONS FOR THE Sole Proprietor APPLICANT:</b> Under penalties of perjury, I certify that: 1. The number provided above is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: a) I am exempt from backup withholding or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or c) The IRS has notified me that I am no longer subject to backup withholding, and 3. I am a US person.				
Check Here if you have been notified by the IRS that you are 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.

Signature of Sole Proprietor Owner

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.

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

Authorized Signer 1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Authorized Signer 2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Authorized Signer 3 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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.

X \_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
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.

<b>Checking</b> (required if Debit Card is desired) <b>Order Checks</b>	<b>Statements, Notices, and Tax Forms Delivery</b> <b>Electronic</b> <b>Paper</b> (a \$3 monthly fee will be applied)	<b>Premium High Yield</b> <b>Simple High Yield</b>
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## SECTION D: Sole Proprietor Account Beneficiary Designation

This section is optional, leave section blank to allow the account to pass to probate upon death of the Sole Proprietor, or to designate beneficiaries, include all beneficiaries that you would like listed and sign below. Any funds on deposit at the death of the Sole Proprietor, less any outstanding obligations to Dow Credit Union will be evenly distributed to the designated beneficiaries.

### Beneficiary Information:

Name:	Date of Birth:	Social Security #:
Name:	Date of Birth:	Social Security #:
Name:	Date of Birth:	Social Security #:
Name:	Date of Birth:	Social Security #:

### Trust/ Charity as Beneficiary Information:

Name of Trust or Charity:

Date of Trust: Trust/Charity Tax ID# (if applicable):

Charity Address:

A payable on death (POD) account or trust account designation is an instruction to the Credit Union that a single or multiple party account so designated is payable to the owner(s) during his, her or their lifetimes and, when the sole proprietor dies, payable to any named surviving POD or trust beneficiary/payee. Accounts payable to more than one surviving beneficiary/payee are owned jointly by such beneficiaries/payees with rights of survivorship. Dow Credit Union is not obligated to notify any beneficiary/payee of the existence of any account or the vesting of the beneficiary/payee's interest in any account, except as otherwise required by law. I hereby designate the beneficiaries as listed above agree to the payable upon death terms and conditions.

X \_\_\_\_\_  
Signature of Sole Proprietor Owner

\_\_\_\_\_  
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? \$

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