

Insured by NCUA

# **Business Account Application & Signature Card – For:**<u>Sole Proprietorship</u>

	,,
Account#	Date
New Account Update Responsible I Signers, or Beneficial	,

**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

Business Physical Address (No PO Box)			City	State	ZIP	Date Business Established
Business Mailing Address (	(if different than phys	ical address)	City	State	ZIP	Business Phone
	nsactions, make char	nges to the account st	ructure, appoint Autl	norized Sig	ners, add o	s to all shares and loans, as well or remove services, and close the y Authorized Signers.  Cell Phone
Physical Home Address (N	o PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Primary Employer	<u> </u>		Primary O	ccupation
Email Address	L	L	Issue VISA Debit (		Yes	No s that have a checking account.
Select one: Sole Proprieto	or Retains Online Bar	nking Access -OR-		_		account-related information.  On Section B: Authorized Signers
Which Tax Identification No TAX CERTIFICATIONS FOR correct taxpayer identificati b) I have not been notified b	umber will be used to THE Sole Proprieto on number, and 2. I by the Internal Rever	for IRS reporting: r APPLICANT: Under am not subject to be nue Service (IRS) tha	Designate one One Sole Prop SSN   r penalties of perjurackup withholding ket I am subject to ba	EIN (if y, I certify because: anckup with	selected, pr that: 1. The ) I am exen holding as	on Section B: Authorized Signers  rovide EIN): e number provided above is my npt from backup withholding or a result of a failure to report all
Which Tax Identification No TAX CERTIFICATIONS FOR correct taxpayer identificati	umber will be used a THE Sole Proprieto on number, and 2. I by the Internal Rever he IRS has notified	for IRS reporting: r APPLICANT: Under am not subject to ba nue Service (IRS) tha me that I am no long	Sole Prop SSN   r penalties of perjurackup withholding ket I am subject to backuper subject packuper subject s	EIN (if y, I certify pecause: anckup withhole	selected, pr that: 1. The ) I am exen holding as ding, and 3	on Section B: Authorized Signers  rovide EIN): e number provided above is my npt from backup withholding or a result of a failure to report all
Which Tax Identification No TAX CERTIFICATIONS FOR correct taxpayer identificati b) I have not been notified k interest or dividends or c) T	THE Sole Proprieto on number, and 2. I by the Internal Rever the IRS has notified been notified by the Internal that the following is a true sheep authorized to a Dow Credit Union and youch account openentil further written notices as requested, by drawnes and titles appears Account Applications of Credit Union is authorian security for any obliqued by any of the same very authorization prefaccounts owned by the r, the authority givenere performed by an authorization prefere performed by an authorization prefere performed by an authorization and the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere performed by an authorization preference of the country givenere preference of the country given	for IRS reporting:  r APPLICANT: Under am not subject to bath the Service (IRS) that me that I am no long RS that you are curre the representation of rest apply for membership to agree to be bound to differ the Credit Union shall aft or otherwise, by any the same the "Authorized & Signature Card." ized to accept a pledge gation owed to it by this authorized signers. Eviously granted to the his business or entity is a hereby is retroactive atthorized signer(s) prior	Sole Prop SSN   T penalties of perjurackup withholding is it I am subject to backuntly subjec	EIN (if y, I certify because: a ckup withhold p withhold scribed here these resol rization gra ain in full fo ropriately a bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe could be incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he and tha he incumbe bective sign DLVED, tha he incumbe	selected, pr that: 1. The ) I am exen holding as ding, and 3 ing. ein: utions are he inted to the porce and effe authorized I t the signatu at the perso nts of the control of the that above overning doc NT. By signiledit and em ce with you	ereby ratified a cresult the Cate until the Cate un

# **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 A	uthorized Signer	role.				
Authorized Signer 1 Name			Work Phone			Cell Phone	
Physical Home	Address (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Address				Issue VISA Debit Card? Yes   No	
Primary Employ	er		Primar	y Occupation	Onlii	ne Banking	& Primary Contact Designation
			<u> </u>				
Authorized Signer	1 Signature:					Date:	
Authorized Sign	er 2 Name			Work Phone	ext		Cell Phone
Physical Home	Address (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Add	Iress				Issue VISA Debit Card? Yes   No
Primary Employ	er	L	Primar	y Occupation	Onlii	ne Banking	& Primary Contact Designation
Authorized Signer	2 Signature:					Date:	
Authorized Sign	er 3 Name			Work Phone			Cell Phone
Physical Home	Address (No PO Pay)		City		State	ZIP	Home Phone
Physical nome /	Address (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Add	Iress			l	Issue VISA Debit Card? Yes   No
Primary Employer		I	Primary Occupation Online Banking 8		& Primary Contact Designation		
			1				
Authorized Signer	3 Signature:					Date:	
Authorized Sign	er 4 Name			Work Phone			Cell Phone
Physical Home	Address (No PO Box)		City		State	ZIP	Home Phone
i ilyolodi ilollic i	Addices (No 1 & Box)		Oity		Otato		Tiome i none
SSN	Birth Date	Email Add	Iress				Issue VISA Debit Card? Yes   No
Primary Employ	er		Primar	y Occupation	Onlii	ne Banking	& Primary Contact Designation
Authorized Signer	4 Signature:					Date:	
Until further notice, and titles appear in previously granted is retroactive, and a confirmed. Every an writing to the con	the Credit Union shall be aun the "Authorized Signers" sto the Credit Union with respany acts referred to which wuthorization granted to the Ci	athorized to pay we section on which sect to the accountere performed by redit Union with re oposite the respec	vithdrawal this certif its owned an autho espect to to ctive titles	s as requested, by c ication and Authoriz by this business is r rized signer(s) prior this account shall rer in this document an	draft or other cation appearevoked or reto the date main in full for	wise, by any rs as author escinded. Ho of my signa orce and effe	uthorizations and representations y one of the persons whose nam rized signers. Every authorizatio owever, the authority given hereb ture below are hereby ratified an ect until the Credit Union is notified on(s) whose signature(s) appear i
Signature of F	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.

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	,	Electronic	ŭ
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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 Sec	curity #:	
Name:	Date of Birth:	Social Sec	curity #:	
Name:	Date of Birth:	Social Sec	curity #:	
Name:	Date of Birth:	Social Sec	curity #:	
Trust/ Charity as Beneficiary Informat Name of Trust or Charity:	ion:			
Date of Trust:	Trust/Cl	narity Tax ID# (if app	licable):	
Charity Address:				
is payable to the owner(s) during his, her or the beneficiary/payee. Accounts payable to more that survivorship. Dow Credit Union is not obligated to rinterest in any account, except as otherwise requiterms and conditions.  X Signature of Sole Proprietor Owner	n one surviving beneficiary/payee anotify any beneficiary/payee of the ex	are owned jointly by s istence of any account	uch beneficiaries/payees or the vesting of the bene	with rights of eficiary/payee's
	OFFICE USE ONLY			
MEMBERSHIP OFFICER: NOTES:		STAFF USER#:	DATE:	

## **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.

Location of business headquarters (City/State):

#### Describe the nature of your business:

#### Does your business provide any of the following services?

N/A

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

Marijuana Related Business: Tier 1, 2, or 3

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

or Select all that apply below

Weapons, Firearms, Ammunition

Embassy, Foreign Consulate or Foreign Mission

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

General Operating Funds: The account is used to manage receivables and payments and hold long-term deposits savings in products such as certificates of deposit.

Credit Card Processing: The account will be using Merchant Services, which enables businesses to accept customers' credit and debit card payments by depositing funds to the merchant's credit union account.

Lottery: The business has licensing for the purpose of administering lottery sales at the business and will use the account for transfers and sales of lottery items and distributions

Postage Remittance: Applicable if the account is solely used to manage postage related expenses.

Check if you will be using a Safe Deposit Box at Dow Credit Union? If checked, complete separate Business Account Safe Deposit Box Application.

Payroll: The account will be used to distribute payments to employees for wages.

Private Banking: The account will be used for Private Banking services. In a typical Private Banking business, a relationship manager provides banking services including trust, lending, investment advice, estate planning, and deposits - tailored for clients.

Pooled Investment Vehicle: The account will be used as a "pooled fund" investment account created by pooling money from multiple investors, where each investor owns a proportional share of the overall fund's holdings. (If selected answer below)

Check if the pooled investment vehicle is operated or advised by an Excluded Financial Advisor or Institution. An excluded financial advisor is not subject to the regulations and requirements typically applied to investment advisors.

Equipment Purchase or Lease (If selected answer below)

Check if the account is solely used to finance the purchase or leasing of equipment for which payments are made directly by the financial institution to the vendor or lessor of this equipment.

Insurance Premiums: To pay 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?

# Private-label Credit Card (PLCC):

Account will be used by the business to facilitate PLCC services. PLCCs do not carry a credit card network logo such as Visa or Mastercard and generally are not accepted by other merchants.

## Check if your business acts as a PROFESSIONAL SERVICE PROVIDER?

A professional service provider acts as an intermediary between its client and the bank. Professional service providers include lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients. These providers may conduct financial dealings for their clients. For example, an attorney may perform services for a client or arrange for services to be performed on the client's behalf, such as settlement of real estate transactions, asset transfers, management of client monies, investment services, and trust arrangements.

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

A non-bank financial institution (NBFI) is a financial institution that does not have a full banking license and cannot accept deposits from the public. However, NBFIs do facilitate alternative financial services, such as investment (both collective and individual), risk pooling, financial consulting, brokering, money transmission, and check cashing. NBFIs are a source of consumer credit (along with licensed banks). Examples of nonbank financial institutions include insurance firms, venture capitalists, currency exchanges, some microloan organizations, and pawn shops.

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 offers courier or armored car services to ship currency on your customers' behalf.

CASH SERVICES:	CHECK SERVICES:  Approximately what is the expected monthly check transaction total?			
Approximately how much cash will you transact each month?				
<u>DEPOSITS</u> <u>WITHRAWALS</u>	<u>DEPOSITS</u> <u>WITHRAWALS</u>			
N/A	N/A			
\$0-\$1,000	\$0-\$1,000			
\$1,000-\$5,000	\$1,000-\$5,000			
\$5,000 - \$10,000	\$5,000 - \$10,000			
\$10,000-20,000	\$10,000-20,000			
\$20,000-\$50,000	\$20,000-\$50,000			
\$50,000-\$100,000	\$50,000-\$100,000			
\$100,000-\$200,000	\$100,000-\$200,000			
\$200,000-500,000	\$200,000-500,000			
\$500,000-\$1,000,000	\$500,000-\$1,000,000			
\$1,000,000-\$2,000,000	\$1,000,000-\$2,000,000			
More than \$2,000,000	More than \$2,000,000			
Check if you will be using a courier or armored car service to	Check if you will be depositing check remotely using Online Banking			
complete your cash transactions.	Remote Deposit Capture.			
ATM SERVICES	ELECTRONIC PAYMENT (non-wire) TRANSFER SERVICES:			
	(examples: ACH, international ACH, RTP, FedNow, etc)			
Approximately what are the expected monthly ATM transaction totals?	Approximately what are the expected monthly Electronic payment totals?			
<u>DEPOSITS</u> <u>WITHRAWALS</u>	DEPOSITS WITHRAWALS			
N/A	N/A			
\$0-\$1,000	\$0-\$1,000			
\$1,000-\$5,000	\$1,000-\$5,000			
\$5,000 - \$10,000	\$5,000 - \$10,000			
\$10,000-20,000	\$10,000-20,000			
\$20,000-\$50,000	\$20,000-\$50,000			
\$50,000-\$100,000	\$50,000-\$100,000			
\$100,000-\$200,000	\$100,000-\$200,000			
\$200,000-500,000	\$200,000-500,000			
\$500,000-\$1,000,000	\$500,000-\$1,000,000			
\$1,000,000-\$2,000,000	\$1,000,000-\$2,000,000			
More than \$2,000,000	More than \$2,000,000			
	Check if you will receive electronic payments from non-US locations			
	List the countries from which you expect to receive electronic payments			
WIRE TRANSFER SERVICES:	Check if you will receive wire transfers from non-US locations			
Approximately what are the expected monthly ATM transaction totals?	List the countries from which you expect to receive wire transfers:			
<u>DEPOSITS</u> <u>WITHRAWALS</u>				
N/A				
\$0-\$1,000				
\$1,000-\$5,000	Check if you will send wire transfers to non-US locations List the countries you expect to send wire transfers:			
\$5,000 - \$10,000	List the countries you expect to seria wire transfers.			
\$10,000-20,000				
\$20,000-\$50,000				
\$50,000-\$100,000				
\$100,000-\$200,000	Printed Name of Responsible Individual:			
\$200,000-500,000				
\$500,000-\$1,000,000				
\$1,000,000-\$2,000,000				