



BUSINESS ACCOUNT APPLICATION

- New Membership New Account
 Change Signers/Users
 Other Revision: _____

Non-Personal Savings Account # _____

Business Information	Name of Business: _____		Business Eligibility: _____			
	Tax ID No. (EIN or SSN): _____		Date Business Established: _____			
	Physical Address: _____		City: _____	State: _____	Zip: _____	
	Mailing Address: _____		City: _____	State: _____	Zip: _____	
	Business Phone #: _____		Business Fax #: _____	Website Address: _____		
	Internet Banking: <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business: _____			
	Form of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation-For Profit <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Corporation-For Non-Profit <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Club/Organization <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Committee		Do you plan to use the wire transfer service? <input type="checkbox"/> Yes, domestic only <input type="checkbox"/> Yes, international only <input type="checkbox"/> Yes, domestic and international <input type="checkbox"/> No			
	Does your business provide any of the following services? <input type="checkbox"/> Lottery ticket sales <input type="checkbox"/> Check cashing services <input type="checkbox"/> Collecting or transferring of funds for others <small>(MoneyGram, Western Union, etc.)</small> <input type="checkbox"/> No		Do you plan to make larger cash deposits or withdrawals of \$10,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No NAISC Code (If known): _____			
	Business Detail: <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Food Services <input type="checkbox"/> Retail <input type="checkbox"/> Transportation <input type="checkbox"/> Money Services Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Consulting <input type="checkbox"/> Parking Garage <input type="checkbox"/> Legal Service Provider <input type="checkbox"/> Liquor Store <input type="checkbox"/> Construction <input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Real Estate <input type="checkbox"/> Convenience Store <input type="checkbox"/> Administrative Services <input type="checkbox"/> Internet Gambling <input type="checkbox"/> Privately Owned ATM <input type="checkbox"/> Vending Machine Operator <input type="checkbox"/> Charity or Non-Governmental Org. <input type="checkbox"/> Other: _____					
	Anticipated Monthly Transactions <input type="checkbox"/> Cash:\$ <input type="checkbox"/> Checks:\$ <input type="checkbox"/> ACH:\$ <input type="checkbox"/> Debit Cards:\$ <input type="checkbox"/> Wire Domestic:\$ <input type="checkbox"/> Wire Foreign:\$					
Estimated Annual Sales/Revenue \$ _____		Business Trade Area: <input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Domestic U.S <input type="checkbox"/> International				
Accounts	Account Number: _____		Account Type: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing			
	Account Number: _____		Account Type: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing			
	Account Number: _____		Account Type: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing			
	Account Number: _____		Account Type: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing			
Authorized Owner/Signer(s) Information	ACCOUNT OWNERS: An individual who can perform all monetary functions, open and close accounts, add services to the membership, and delete or add Authorized Users. Account Owners will be personally liable for the obligations of the business or organization. An Account Owner must be on all business accounts.					
	AUTHORIZED SIGNERS: An individual who can perform all monetary functions, add services to the membership, and delete or add Authorized Users. The Authorized Signer will not be personally liable for the obligations of the business or organization.					
	Signer (1) Name: _____		Social Security #: _____	Driver's License/ID #: _____		
	Street Address: _____		City: _____	State: _____	Zip: _____	Citizenship: _____
	Birth Date: _____		Primary Phone #: _____	Secondary Phone #: _____		
	E-mail Address: _____		Title: _____	Employer: _____		
	Account # 1: _____		Account # 2: _____	Account # 3: _____	Account # 4: _____	
	Debit Card: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer			
	Signer (2) Name: _____		Social Security #: _____	Driver's License/ID #: _____		
	Street Address: _____		City: _____	State: _____	Zip: _____	Citizenship: _____
	Birth Date: _____		Primary Phone #: _____	Secondary Phone #: _____		
	E-mail Address: _____		Title: _____	Employer: _____		
	Account # 1: _____		Account # 2: _____	Account # 3: _____	Account # 4: _____	
	Debit Card: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer			
	Signer (3) Name: _____		Social Security #: _____	Driver's License/ID #: _____		
	Street Address: _____		City: _____	State: _____	Zip: _____	Citizenship: _____
	Birth Date: _____		Primary Phone #: _____	Secondary Phone #: _____		
	E-mail Address: _____		Title: _____	Employer: _____		
	Account # 1: _____		Account # 2: _____	Account # 3: _____	Account # 4: _____	
	Debit Card: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer			

Authorized User(s) Information	AUTHORIZED USERS: An individual who can have a debit card, collect receipts and statements, and cash a petty cash check. They cannot sign checks or make withdrawals.				
	User (1) Name:	Social Security #:	Driver's License/ID #:		
	Street Address:	City:	State:	Zip:	Citizenship:
	Birth Date:	Primary Phone #:	Secondary Phone #:		
	E-mail Address:	Title:	Employer:		
	Account # 1:	Account # 2:	Account # 3:	Account # 4:	
	Debit Card: <input type="checkbox"/>		Signature to Issue Debit Card: X _____		Date: _____
	User (2) Name:	Social Security #:	Driver's License/ID #:		
	Street Address:	City:	State:	Zip:	Citizenship:
	Birth Date:	Primary Phone #:	Secondary Phone #:		
	E-mail Address:	Title:	Employer:		
	Account # 1:	Account # 2:	Account # 3:	Account # 4:	
	Debit Card: <input type="checkbox"/>		Signature to Issue Debit Card: X _____		Date: _____
	User (3) Name:	Social Security #:	Driver's License/ID #:		
	Street Address:	City:	State:	Zip:	Citizenship:
Birth Date:	Primary Phone #:	Secondary Phone #:			
E-mail Address:	Title:	Employer:			
Account # 1:	Account # 2:	Account # 3:	Account # 4:		
Debit Card: <input type="checkbox"/>		Signature to Issue Debit Card: X _____		Date: _____	
Beneficiary Designation	FOR DBA/SOLE PROPRIETORSHIPS ONLY				
	Beneficiary 1 Name:	Social Security #:	Birth Date:		
	Address:				
	Account # 1:	Account # 2:	Account # 3:	Account # 4:	
	Beneficiary 2 Name:	Social Security #:	Birth Date:		
	Address:				
	Account # 1:	Account # 2:	Account # 3:	Account # 4:	
	Beneficiary 3 Name:	Social Security #:	Birth Date:		
	Address:				
	Account # 1:	Account # 2:	Account # 3:	Account # 4:	
Required Documents	Sole Proprietorship:		Co-Partnership/Limited Partnership:		
	<input type="checkbox"/> Copy of Person doing Business Under Assumed Name (DBA)		<input type="checkbox"/> Copy of Certificate of Co-Partnership or Limited Partnership		
	<input type="checkbox"/> Business Resolution		<input type="checkbox"/> Partnership Agreement		
	Club/Organization:		LLC:		
	<input type="checkbox"/> Organizational or Formation Document		<input type="checkbox"/> Copy of Articles of Organization		
	Or		<input type="checkbox"/> Operating Agreement		
<input type="checkbox"/> Business Resolution		<input type="checkbox"/> Business Resolution			
Committee:		Corporations (Profit & Non-Profit)			
<input type="checkbox"/> Articles of Organization for the Candidate Committee		<input type="checkbox"/> Copy of Articles of Incorporation			
<input type="checkbox"/> Business Resolution		<input type="checkbox"/> Bylaws			
		<input type="checkbox"/> Business Resolution			

Acknowledgements and Signatures (REQUIRED):

- Identification Requirements:** 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: We will ask you 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.
 - Qualification for Accounts:** Applications for membership and for services such as checking and debit card are subject to approval. Decision to approve is based on information provided on this application, information obtained from an established credit/consumer reporting agency, and any account history on existing/prior accounts held at the Credit Union. It should also be noted that the minimum balance requirement must be maintained in the Regular Savings account to retain membership.
 - Two Signature Accounts:** The Credit Union does not offer business checking accounts which two or more signatures are required for transactions.
 - Account Owner:** The account owner is responsible for any transactions of the authorized signer and authorized user.
 - Maintaining Accounts in Good Standing.** Applicants agree to maintain Credit Union accounts in good standing in order to retain account/membership privileges.
 - Beneficiary Provisions: FOR DBA/SOLE PROPRIETORSHIPS ONLY -** Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by the agreement shall become the property of the beneficiary(ies) listed who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his/her equal share of the remaining account balance together with any accumulations on such amount.
 - Right of Offset:** To the extent not prohibited by law, I/We pledge and grant as security to the Credit Union, for all obligations I/We may have now or in the future, all savings and deposits and interest, in all business accounts with the Credit Union now and in the future.
 - Taxpayer Identification Number:** Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 U.S. citizen or other U.S. person.
 - Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.
 - By checking this box, I certify that I am a non-resident alien and have completed a form W-8BEN

The Internal Revenue Service does not require your consent to any provisions contained in this document other than the certifications required to avoid backup withholding.
 - Account Terms and Disclosures:** You acknowledge receipt of disclosures which apply for the accounts selected, such as those entitled: Truth-In-Savings disclosure, Terms and Conditions of Your Account, and others which may describe terms for specific accounts/services enrolled. All owners agree to abide by the disclosed terms and conditions of all accounts/services received. Terms and conditions are subject to change, the most current version can be found at laketrust.org.
 - Prohibited Business Practices:** I/we further certify that the business does not participate in any internet gambling services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 (Regulation GG) or accept payments from any unlawful gambling activities. I/we also certify that I/we do not conduct any financial transactions that are consistent with a money services business, or a marijuana business including the growing, distributing, or selling of marijuana, or any other high risk or illegal business.
- By signing this application, you intend to apply for membership in the Credit Union, acknowledge the statements above, and accept the terms and conditions.

Terms and Conditions

Signatures

Account Owner/Signer (1):	Date:
Account Owner/Signer (2):	Date:
Account Owner/Signer (3):	Date:

Credit Union Use Only

Application Received by: Mail In Person Fax

Licenses Verified for All Signers IDV Qualifile/Chexsystems OFAC

Verified By: _____ Date: _____

MSO: _____ Date: _____

Comments: _____
