



COMMERCIAL ACCOUNT APPLICATION

- New Membership New Account(s)
 Change Owners/Signers
 Other Revision: _____

Commercial Membership Savings # _____

Company Information	Name of Company: _____		Date Company Established: _____	
	Assumed Name(s): _____			
	Eligibility – Company Office Located in: _____		County _____	
	EIN (required): _____ or SSN (ONLY DBA or Sole Member LLC with no Employees): _____			
	Company Address: _____	City: _____	State: _____	Zip: _____
	Mailing Address: _____	City: _____	State: _____	Zip: _____
	Company Phone #: _____	Company Fax #: _____	Website Address: _____	
	Online Banking: <input type="checkbox"/> Yes <input type="checkbox"/> No Online Banking Admin (Account Owner Only): _____			
	SELECT COMPANY TYPE & OBTAIN REQUIRED DOCUMENTATION (EIN Documentation Preferred for all Types):			
	<input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Current Person doing Business Under Assumed Name (DBA) <input type="checkbox"/> Commercial Account Resolution		<input type="checkbox"/> Candidate Committee: <input type="checkbox"/> Articles of Organization for the Candidate Committee <input type="checkbox"/> Commercial Account Resolution <input type="checkbox"/> Beneficial Ownership Cert. Form	
<input type="checkbox"/> Club/Organization: <input type="checkbox"/> Organizational or Formation Document, or Meeting Minutes outlining who is able to transact on behalf of the company <input type="checkbox"/> Commercial Account Resolution <input type="checkbox"/> Beneficial Ownership Cert. Form		<input type="checkbox"/> Limited Liability Company: <input type="checkbox"/> Articles of Organization and all amendments <input type="checkbox"/> Signed Operating Agreement outlining member(s) <input type="checkbox"/> Commercial Account Resolution <input type="checkbox"/> Beneficial Ownership Cert. Form		
<input type="checkbox"/> Partnership/Limited Partnership: <input type="checkbox"/> Certificate of Partnership or Limited Partnership & all amendments <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Commercial Account Resolution <input type="checkbox"/> Beneficial Ownership Cert. Form		<input type="checkbox"/> Corporations (Profit & Non-Profit) <input type="checkbox"/> Articles of Incorporation & all amendments <input type="checkbox"/> Signed Bylaws outlining company roles <input type="checkbox"/> Signed Meeting Minutes Electing Director and/or Officers <input type="checkbox"/> Commercial Account Resolution <input type="checkbox"/> Beneficial Ownership Cert. Form		
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 Signers. Account Owners will be personally liable for the obligations of the company. An Account Owner must be on all commercial accounts.			
	AUTHORIZED SIGNERS: An individual who can perform all monetary functions, add services to the membership, and update company address or contact information. The Authorized Signer will not be personally liable for the obligations of the company.			
	Signer (1) Name: _____		Social Security #: _____	
	Home Address: _____		City: _____	
	Mailing Address: _____		City: _____	
	Birth Date: _____		Primary Phone #: _____	
	E-mail Address: _____		Title: _____	
	Account # 1: _____		Account # 2: _____	
	Account # 3: _____		Account # 4: _____	
	Debit Card Ordered: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer	
	Signer (2) Name: _____		Social Security #: _____	
	Home Address: _____		City: _____	
	Mailing Address: _____		City: _____	
	Birth Date: _____		Primary Phone #: _____	
	E-mail Address: _____		Title: _____	
	Account # 1: _____		Account # 2: _____	
	Account # 3: _____		Account # 4: _____	
	Debit Card Ordered: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer	
	Signer (3) Name: _____		Social Security #: _____	
	Home Address: _____		City: _____	
Mailing Address: _____		City: _____		
Birth Date: _____		Primary Phone #: _____		
E-mail Address: _____		Title: _____		
Account # 1: _____		Account # 2: _____		
Account # 3: _____		Account # 4: _____		
Debit Card Ordered: <input type="checkbox"/>		This person is: <input type="checkbox"/> Account Owner <input type="checkbox"/> Authorized Signer		

FOR SOLE PROPRIETORSHIPS (DBAs) ONLY			
Beneficiary Designation	Beneficiary Name:		Social Security #:
	Address:		Birth Date:
	Account # 1:	Account # 2:	Account # 3:
	Account # 4:		
	Beneficiary Name:		Social Security #:
	Address:		Birth Date:
	Account # 1:	Account # 2:	Account # 3:
	Account # 4:		
	Beneficiary Name:		Social Security #:
	Address:		Birth Date:
	Account # 1:	Account # 2:	Account # 3:
	Account # 4:		
Terms and Conditions	Acknowledgements and Signatures (REQUIRED):		
	<input checked="" type="checkbox"/> 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.		
	<input checked="" type="checkbox"/> 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.		
	<input checked="" type="checkbox"/> Two Signature Accounts: The Credit Union does not offer commercial checking accounts which two or more signatures are required for transactions.		
	<input checked="" type="checkbox"/> Account Owner: The account owner is responsible for any transactions of the authorized signer and authorized user.		
	<input checked="" type="checkbox"/> Maintaining Accounts in Good Standing. Applicants agree to maintain Credit Union accounts in good standing in order to retain account/membership privileges.		
	<input checked="" type="checkbox"/> Beneficiary Provisions: FOR SOLE PROPRIETORSHIPS 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.		
	<input checked="" type="checkbox"/> 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 commercial accounts with the Credit Union now and in the future.		
	<input checked="" type="checkbox"/> 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.		
	<input checked="" type="checkbox"/> 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.		
	<input type="checkbox"/> By checking this box, I certify that I am a non-resident alien and have completed a form W-8BEN		
	<p><i>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.</i></p>		
<input checked="" type="checkbox"/> Account Terms and Disclosures: You acknowledge receipt of disclosures which apply for the accounts selected, such as those entitled: Commercial 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.			
<input checked="" type="checkbox"/> Prohibited Company Practices: I/we further certify that the company 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 related services including the growing, distributing, or selling of marijuana, or any other high risk or illegal company.			
<p>By signing this application, you intend to apply for membership in the Credit Union, acknowledge the statements above, and accept the terms and conditions.</p>			
Signatures	Account Owner/Signer (1):		Date:
	Account Owner/Signer (2):		Date:
	Account Owner/Signer (3):		Date:
Credit Union Use Only	Application Received by: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> DocuSign <input type="checkbox"/> Secure Email		
	<input type="checkbox"/> Licenses Verified and Updated for All Owners/Signers <input type="checkbox"/> IDV <input type="checkbox"/> QualiFile <input type="checkbox"/> OFAC		
	Quality Checked By:		Date:
	MSO Approved, Signature:		Date:
	Comments:		