



BUSINESS ACCOUNT APPLICATION SIGNATURE CARD

- NEW
- ADD ACCOUNT TYPE
- ADD SIGNER(S)
- UPDATE OWNER NAME
- ADD/CHANGE POD
- OTHER _____

1. BUSINESS INFORMATION:			
Account Title (Name of Entity)		Account Number	
Address of Business (Street, City, State and Zip)		Tax ID Number (EIN or SSN)	
Mailing Address if different from above (Street, City, State and Zip)		Business Phone	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		Cell Phone	
<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Organization/Association/Club		Fax No.	
County and State of Organization	Date of Organization	Commercial Business Description	
Membership Eligibility			

2. ACCOUNT TYPE:			
<input type="checkbox"/> Checking/Share Draft	<input type="checkbox"/> Savings/Share	<input type="checkbox"/> Term Share Certificate(s)	<input type="checkbox"/> Money Market

3. OWNER/AUTHORIZED SIGNER #1 INFORMATION				
Name (Last, First and Middle)		Social Security Number		Date of Birth
Present Address (Street, City, State and ZIP)		Home Phone		Cell Phone
Employer	Occupation/Position		Business Phone	
Mother's Maiden Name	Are You Known By Any Other Names?		E-Mail	
Primary ID Type	Issued By	ID Number	Date Issued	Expiration Date
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other:		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other:		

4. OWNER/AUTHORIZED SIGNER #2 INFORMATION				
Name (Last, First and Middle)		Social Security Number		Date of Birth
Present Address (Street, City, State and ZIP)		Home Phone		Cell Phone
Employer	Occupation/Position		Business Phone	
Mother's Maiden Name	Are You Known By Any Other Names?		E-Mail	
Primary ID Type	Issued By	ID Number	Date Issued	Expiration Date
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other:		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other:		

5. OWNER/AUTHORIZED SIGNER #3 INFORMATION				
Name (Last, First and Middle)		Social Security Number		Date of Birth
Present Address (Street, City, State and ZIP)		Home Phone		Cell Phone
Employer		Occupation/Position		Business Phone
Mother's Maiden Name		Are You Known By Any Other Names?		E-Mail
Primary ID Type	Issued By	ID Number	Date Issued	Expiration Date
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other:			Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other:	

6. MEMBER DUE DILIGENCE FOR ALL SIGNERS (Indicate which signer(s) apply to any "Yes" answer.) Government Regulations require credit unions to collect the information below. Please respond where applicable.	
A. Are any signers a current or former senior official in executive, legislative, administrative, military or judicial branches of a U.S. or foreign government?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign
B. Are any signers a senior executive of a U.S. or foreign government-owned commercial enterprise, business or corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign
What is the name of the foreign government-owned commercial enterprise, business or corporation?	
In which country does it operate?	
C. Are any signers an immediate family member of a senior U.S. or foreign political figure or a close associate or senior foreign figure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign
What is the relationship to the senior foreign political figure?	
What is the name of the senior foreign political figure?	
What is the position held by the senior political figure?	
In what country does the senior foreign political figure hold position?	

7. NAME(S) OF THE SIGNER(S) WITH A "YES" RESPONSE
1.
2.
Important information about procedures for opening a new account: 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 to you: All authorized signers are required to provide a copy of their driver's license or other acceptable form of primary identification, social security number and date of birth.

8. ANTICIPATED MONTHLY TRANSACTION ACTIVITY							
Transaction Type	Number of Transactions	Total Dollar Amount	N/A	Transaction Type	Number of Transactions	Total Dollar Amount	N/A
<input type="checkbox"/> Cash Deposits				<input type="checkbox"/> Checks Written			
<input type="checkbox"/> Cash Withdrawals				<input type="checkbox"/> Cash Orders from Credit Union			
<input type="checkbox"/> Personal Checks				<input type="checkbox"/> Internet Gambling			
<input type="checkbox"/> ACH Credits				<input type="checkbox"/> Debit/Credit Card Transactions			
<input type="checkbox"/> ACH Debits				<input type="checkbox"/> Card Settlement (Merchant Credits)			
<input type="checkbox"/> Domestic Incoming Wires				<input type="checkbox"/> International Incoming Wires*			
<input type="checkbox"/> Domestic Outgoing Wires				<input type="checkbox"/> International Outgoing Wires*			

9. *INTERNATIONAL WIRE TRANSFER ACTIVITY INFORMATION	
1. International Incoming Wires – Country(ies) of Origin	
2. Internal Outgoing Wires – Receiving Country(ies)	

10. WITH WHOM DO YOU EXPECT TO DO BUSINESS [provide products and/or services]? (Place an X in the applicable boxes.)		
<input type="checkbox"/> ATM Settlement Providers	<input type="checkbox"/> Auto Dealers	<input type="checkbox"/> Non-Profits
<input type="checkbox"/> Cash Intensive Businesses	<input type="checkbox"/> Auto Parts Suppliers	<input type="checkbox"/> Child Care Providers
<input type="checkbox"/> Credit Card Issuers	<input type="checkbox"/> Building Suppliers	<input type="checkbox"/> Churches
<input type="checkbox"/> Employee Payroll Processors	<input type="checkbox"/> Contractors	<input type="checkbox"/> Food: Retailers/Wholesalers/Distributors
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Lottery Sales Outlets	<input type="checkbox"/> Liquor: Retailers/Wholesalers/Distributors
<input type="checkbox"/> Merchant Card Processors	<input type="checkbox"/> Online Merchants	<input type="checkbox"/> Petroleum: Retailers/Wholesalers/Distributors
<input type="checkbox"/> Public Aid Offices	<input type="checkbox"/> Utilities	<input type="checkbox"/> Jewelry/Precious Metals: Retailers/Wholesalers/Distributors
<input type="checkbox"/> U.S., State, and Local Government Entities	<input type="checkbox"/> Professional Service Organizations: Accountants/Attorneys/Other	<input type="checkbox"/> Other:

11. DO YOU PROVIDE THE FOLLOWING SERVICES TO YOUR CUSTOMERS? (Place an X in the applicable boxes.)					
Service	Yes	No	Service	Yes	No
<input type="checkbox"/> Check Cashing			<input type="checkbox"/> Sell or Redeem Travelers Checks		
<input type="checkbox"/> Currency Exchange			<input type="checkbox"/> Sell or Redeem Money Orders		
<input type="checkbox"/> Money Transmission			<input type="checkbox"/> Wire Transfer		
<input type="checkbox"/> Pre-Paid Phone, Gift Card, Stored Value Cards			Do you permit customers to make payments remotely, such as via the internet or telephone? If yes, please explain.		
Do you provide any of the above services as an agent? (e.g. Western Union)					
Are you registered with the Department of Treasury as a money services business?					
Are you registered with the State of Ohio as a Corporation or LLC?			In what month is your registration up for renewal?		

12. ATM OWNERSHIP							
	Yes	No	N/A		Yes	No	N/A
Do you own or lease an ATM?				Do you replenish the ATM with cash from business receipts?			
Who is your ATM Service Provider?				If no, who replenishes ATM cash?			

Agreement/Backup Withholding Certifications:

TruPartner CU is authorized to forward by ordinary mail, express or messenger the monthly statement of the account at the address as may be shown on the CU records from time to time.

The account is governed by the terms on this application as well as by TruPartner's Account Disclosure, which is incorporated into this card by this reference. If I am not present when the account is opened, I will be mailed a receipt acknowledging the deposit and telling me the account number, together with copies of the Disclosure and applicable disclosure materials. By signing below, I agree to these terms and I certify under penalties of perjury that:

<input type="checkbox"/> I am a U.S. citizen or other U.S. person.
<input type="checkbox"/> Taxpayer I.D. Number: My correct taxpayer identification number is:
<input type="checkbox"/> Backup Withholding: I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/> Exempt Recipients: I am an exempt recipient under the Internal Revenue Service regulations.
Non-Resident Aliens:
<input type="checkbox"/> I am the beneficial owner of part of all of the income to which this form relates.
<input type="checkbox"/> I am authorized to sign for the beneficial owner for part or all of the income to which this form relates.
<input type="checkbox"/> The amounts for which this certificate is provided are effectively connected with the conduct of a trade or business in the United States and are includable in my gross income.
<input type="checkbox"/> The beneficial owner is not a U.S. person.

Signatures & Certification:

I/We certify that I/we have submitted any required forms with the Secretary of State. I/we agree to provide any additional documentation requested by TruPartner to further research the named business/association/organization. Examples of additional documentation that might be requested include but are not limited to:

Articles of Incorporation, Certificate of Good Standing, Full Force & Effect Certificate, Statement of Partnership Authority, Certificate of Limited partnership, Statement of Domestic Qualification, etc...

I/We certify that everything I/we have stated on this signature card/application and on any attachments is true and correct to the best of my/our knowledge. TruPartner may keep this application whether or not it is approved. By signing below I/we authorize TruPartner to check my/our credit and employment history(ies) and/or have a credit reporting agency prepare a credit report on me/us, as (an) individual(s).

I/we certify that I/we do not engage in an internet gambling business.

I/we acknowledge that I/we are signing this Member Business Account Card/Application both individually and in my/our capacity(ies) as representative(s) of the business so named herein.

Print Name & Title	Signature: Authorized Signer 1	Date
Print Name & Title	Signature: Authorized Signer 2	Date
Print Name & Title	Signature: Authorized Signer 3	Date

For Credit Union Use Only | CIP Worksheet

Documentary Verification: Indicate each document used for verification. Retain legible copy. *Exception - Military ID(do not photocopy or scan)

Primary: State-issued ID Card Driver's License Military ID Card Passport U.S. Alien Registration Card

Non-Documentary Verification: Document evidence obtained, below including Chex Systems and Credit Bureau reports [pulled on new members and new checking accounts for primary members over the age of 18].

OFAC check	Date: _____	By: _____	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Chex System Query	Date: _____	By: _____	<input type="checkbox"/> Open	<input type="checkbox"/> Review	<input type="checkbox"/> Decline
Credit Bureau Report	Date: _____	By: _____	Score: _____	Notes: _____	
Secondary identification	Date: _____	By: _____	List: _____	_____	_____
CIP Completed By: _____			Date: _____		

