

To Speed the processing of your Application, please read carefully and follow these steps:

PARTNERSHIP, LIMITED LIABILITY, OR CORPORATION

You may apply for a Business Account if you meet the following criteria...

“All partners in a partnership, members of a limited liability company, or stockholders of a corporation **MUST** be in DCU’s field of membership to open a Business Account.” (See membership Eligibility on this web site to see if you qualify.) If not currently a DCU member, required identification must be provided by all business owners being given access to the account.

- Account must be opened under EIN assigned to business entity
- Account name must match exactly that for which EIN has been assigned
- Authorized signatories are allowed (not required to be in our field of membership)
- DCU requires one partner, member or officer be listed as a Managing Partner, Managing Member or Executive Officer for the purpose of authorizing changes to the account
- Transactions may be authorized by any ONE individual listed on the account
- All business owners listed on the account must provide required identification
- DCU Check Card available to business owners named on account and Authorized Signatory(ies) (limit of four cards)
- Deposit Volume Fee - First 20 items per deposit are FREE; 10 cents per additional item.

Required Documentation:

- Completed and signed Application
- Resolution of Authority/Authority to Act (a printable sample of the Authorization Signed by All Business Owners is available on the Business Application & Forms page of the website)
- Official letter evidencing assignment of EIN being used on account
- A copy of the Partnership Agreement (partnership), Operating Agreement (LLC) or Articles of Incorporation (corporation)

What to expect after applying for your Business Account

Upon receiving a completed application and all required supporting documentation, you can expect to have your DCU Business Account opened, receive your Personal Identification Number (PIN), and your DCU Check Card(s) and checks (if applicable) in **2 WEEKS**.



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Account Number: _____
(assigned by DCU)

Business Account Application

CHECKLIST – Additional Information and Required Documentation

IMPORTANT: Account will not be opened without ALL required documentation and this completed and signed Application.

- **Sole Proprietor:** Business name must be registered • Account opened under Sole Proprietor's Social Security Number or Tax Identification Number • Authorized signatories do not need to be in the field of membership • Check Card available to Sole Proprietor and Authorized Signatories (limit up to four cards) • If the sole proprietor's SSN is not being used on this account, must also submit government letter of issuance of the EIN given on this form.
- **Sole Member LLC:** Business name must be registered • Account opened under Sole Member's Social Security Number or Tax Identification Number • DCU requires the Sole Member to be listed as the Managing Member • Authorized signatories do not need to be in the field of membership • Check Card available to Sole Member and Authorized Signatories (limit up to four cards) • Must also submit a copy of the Operating Agreement (a Limited Liability Company), or a copy of the Articles of Incorporation/Organization (a Limited Liability Company or Corporation). • If the Sole Member's SSN is not being used on this account, must also submit government letter of issuance for the EIN supplied on this form
- **Partnership, Limited Liability, or Corporation:** Business name must be registered • Account will be opened under the Tax Identification Number supplied in section 5. and MUST match business name • DCU requires one partner, member, or officer to be listed as the Managing Partner, Managing Member, or Executive Officer • Authorized signatories do not need to be in the field of membership • Check Card issued to Partners and Authorized Signatories (up to four cards) • Only Authorized Signatories can be changed. A change in Partners or Members requires a new Membership • Must also submit a Resolution of Authority, government letter of issuance for the EIN supplied on this form and: a copy of the Partnership Agreement (a Partnership), a copy of the Operating Agreement (a Company), or a copy of the Articles of Incorporation (Corporation).
- **Money Service Business (MSB):** DCU is unable to support the types and volume of transactions generally required by a MSB at this time.

Misplace your EIN? Go to www.IRS.gov, Select the "Business" tab, Select "Employer ID Numbers", Select "Misplace Your EIN". Or call 800.829.4933

1. GENERAL INFORMATION

Name MUST match SSN/EIN being given to open account in Section 5 – "Individual Name" should only be completed by a Sole Proprietor or Sole Member LLC. Misplace your EIN? See Checklist information above.

Business Name: _____ (Individual Name: _____)

Physical Business Address: _____ (Street Address) _____ (City) _____ (State) _____ (ZIP)

Mailing Address (if different): _____

Business Phone: (____) _____ Business Email Address: _____

Registered in: _____ (State) Date of Registration: _____ / _____ (Date mm/yy)

Type of Business: Sole Proprietorship Sole Member Limited Liability Company Partnership
 Limited Liability Partnership/Company Corporation

Specific Purpose of Business (consulting, software design, health club, convenience store, etc.): _____

Describe in details the products/services your business will provide: _____

By continuing to complete this Application, you are certifying that you do not engage in an Internet Gambling Business nor is this a Money Service Business (DCU is unable to support the types and volume of transactions generally required by a Money Service Business at this time).

Types of deposits/withdrawals that will typically be made? Cash Checks Electronic Wire Transfers Other _____

- Do you/will you cash checks for third parties? Yes No
- Do you/will you perform wire transfer services (Moneygram, Western Union, etc.)? Yes No
- Do you/will you sell money order/travelers checks? Yes No

2. DCU ACCOUNT SERVICES – Check those that apply

Savings (\$5*), Business Checking**, Premier Checking**, LTD Savings (\$25,000***), Money Market (\$1,000***)

Member Described (Title) _____ Certificate # _____ mths (up to 60), in amount of \$ _____.

DCU Check Card ** (if checked, this is automatically issued in the name of the individual listed in Section 3). Please also issue a card to the following Partners, Members, Officers, and/or other Authorized Signatory(ies) on this account:

Printed Name(s):

(1) _____ (2) _____ (3) _____

* Minimum deposit required to open ** Upon Approval *** Minimum to earn dividends

3. MANAGER INFORMATION & FIELD OF MEMBERSHIP

Sole Proprietor, Managing Partner, Managing Member, or Executive Officer:

DCU Personal Member # (if applicable) _____. If NOT already a DCU member yourself, please provide the following:

Legal Name _____ SSN # _____ License # _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Yrs at this Address _____ Phone (_____) _____ Email Address _____ DOB ____/____/____

Select One

I am able to join through my Employer: _____, located in _____ (Company Name, City, St, ZIP) _____ who is a DCU sponsor

I am able to join as a member of: _____ (Name of Organization or Association)

I am able to join through the following Immediate Family Member sponsor (includes adoptive, in-law, and step relationships) which you may verify:
This person is my spouse or domestic partner, child, grandchild, parent, grandparent, or sibling
(Check core relationship only. For example if joining through stepsister, check "sibling". If joining through father-in-law, check "parent")
This person's Name is: _____ and DCU Member Number is: _____

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify, and record information that identifies each business or individual opening a DCU Membership. We will ask for your business legal name, business address, TIN/EIN, and Phone Number. REQUIRED IDENTIFICATION: Individuals must provide the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required). DCU reserves the right to request additional identification. REQUIRED IDENTIFICATION for the Business entity is listed at the beginning of this form under CHECKLIST.

4. ADDITIONAL AUTHORIZED PARTNERS, MEMBERS, OFFICERS, AND SIGNATORY(ies)

ADDITIONAL PARTNERS, MEMBERS, OFFICERS or OWNERS (Must ALL be in the Field of Membership):

This Individual should have access to:
 All Accounts

Legal Name _____ DCU Member # _____

If not a DCU Member, must also complete the following and provide Required Identification:

SSN _____ - _____ - _____ DOB ____/____/____ Phone (_____) _____ Email _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining): _____

Savings Only
 Checking Only
 Acct # _____

Legal Name _____ DCU Member # _____

If not a DCU Member, must also complete the following and provide Required Identification:

SSN _____ - _____ - _____ DOB ____/____/____ Phone (_____) _____ Email _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining): _____

All Accounts
 Savings Only
 Checking Only
 Acct # _____

AUTHORIZED SIGNATORIES (in addition to those listed above and in Section 3):

This Individual should have access to:
 All Accounts

Name _____ DCU Member # _____

If not a DCU Member, must also complete the following and provide Required Identification:

SSN _____ - _____ - _____ DOB ____/____/____ Phone (_____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

Savings Only
 Checking Only
 Acct # _____

Legal Name _____ DCU Member # _____

If not a DCU Member, must also complete the following and provide Required Identification:

SSN _____ - _____ - _____ DOB ____/____/____ Phone (_____) _____

Residential Address _____ Apt # _____ City/State/ZIP _____

All Accounts
 Savings Only
 Checking Only
 Acct # _____

5. AGREEMENT AND BUSINESS TAXPAYER ID NUMBER (PIN) CERTIFICATION AND BACKUP WITHHOLDING

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For individuals, this is your social security number (SSN). For most entities this is the EIN assigned to the business. See the chart in the TIS Disclosure for guidelines on what number to enter.

Employer Identification Number (EIN) _____-____-____	or	Social Security Number (SSN) _____-____-____
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Certification - Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3)* I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (4) I am a U.S. person (including a U.S. resident alien).

*I agree to check here o if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.

Agreement: All those of us who must be in your field of membership (See CHECKLIST on Page 1) certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in your Truth-in-Savings (TIS) Disclosure and Account Agreements. Signing below and/or use of the PIN issued for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the Visa Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested or those requested in the future (Easy Touch Telephone Teller and PC Branch will be immediately accessible). A copy of any of these disclosures can be obtained online at dcu.org, at any branch office, or through your Information Center. These disclosures (as applicable) will be mailed to the address on record once the membership has been opened.

If I am the Managing Partner, Managing Member, or Executive Officer, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well. I (meaning each of the persons who signs below) authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information.

Each of the persons who sign below is duly authorized to act with respect to the account and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign below until the credit Union receives written instructions to the contrary (only authorized signatories can be changed or removed).

Further each and all who sign this form certify that 1) all necessary steps have been executed to legally establish the business referenced above, 2) all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable are also in DCU's field of membership, , and 3) I/We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account.

DCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading.

AUTHORIZED SIGNATURES (must include ALL individuals listed in Sections 3 and 4):

Signature Date _____	Signature Date _____
Signature Date _____	Signature Date _____

Internal Use Only – COMPLETE ALL FIELDS

Rec'd ____/____/____ Proc By # _____ X-Ref # _____ Audited By # _____

(Business) Documentation: _____ # _____ Place of Issuance _____ Date of Issuance ____/____/____

(Individual in Section) ID Type _____ # _____ Issue Date ____/____/____ Exp ____/____/____

Add'l Identifying Documentation (if applicable) _____

