



# Business Account Application Checklist

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

## SOLE PROPRIETOR

You may apply for a Business Account if you are in DCU's field of membership and provide the required documentation.

- Business name must be registered
- Account opened under Sole Proprietor's SSN or EIN assigned to the business entity (in which case, the letter evidencing issuance of the EIN must be provided with the Application)
- Authorized signatories are allowed (not required to be in our field of membership)
- DCU Check Card available to Sole Proprietor and Authorized Signatory(ies) (limit of four cards)

### Required Documentation:

- Completed and signed Application
- Acknowledgement of registered name from city or state where registered
- Official letter evidencing assignment of EIN being used on account if not Sole Proprietor's SSN

## What to expect after applying for your Business Account

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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**.

**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](http://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. Misplaced 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 # \_\_\_\_\_

