



Business Membership Application

Complete this application to open an account associated with a business or non-profit organization. For specific instructions and required documentation for business types, please refer to the manual.

Accounts and Services Requested (choose all that apply)

- Membership Savings _____ Checking _____ Money Market _____
- Secondary Savings _____ Other _____ Other _____

Type of Business (check one)

- Sole Proprietorship Partnership Non Profit Organization
- Limited Liability Company (LLC) Corporation Other _____

Business Information

Name _____ Number of employees _____

Assumed Business Name(s) _____

Tax ID # _____ Phone (work) _____ Phone (cell) _____

Email _____ Web Address _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Account Signers (list all individuals who will be authorized signers on the business accounts)

Legal Name _____ Role/Title _____

Date of Birth _____ SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Driver's License # _____ Day Phone _____ Cell Phone _____

Legal Name _____ Role/Title _____

Date of Birth _____ SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Driver's License # _____ Day Phone _____ Cell Phone _____

Legal Name _____ Role/Title _____

Date of Birth _____ SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Driver's License # _____ Day Phone _____ Cell Phone _____

Legal Name _____ Role/Title _____

Date of Birth _____ SSN _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Driver's License # _____ Day Phone _____ Cell Phone _____



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Primary Business Activity *(List the primary income or revenue producing business activity)*

Ownership

Please list all the owners, shareholders, or members of the entity, even if they will not be signers on the account. Attach additional page if additional space is needed. Total must add up to 100% ownership.

Name _____
 Address _____
 Occupation _____ Ownership \$ _____

Name _____
 Address _____
 Occupation _____ Ownership \$ _____

Name _____
 Address _____
 Occupation _____ Ownership \$ _____

Name _____
 Address _____
 Occupation _____ Ownership \$ _____

Source of Funds

Opening Deposit _____
 Ongoing Deposits _____
 Estimated monthly account balance \$ _____ Estimated monthly gross Sales/Income \$ _____

Transactions

Transaction Type	Anticipated Monthly Dollar Volume	Anticipated # of Monthly Transactions
Total Deposits	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Total Withdrawals	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Cash Deposits	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Cash Withdrawals	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Incoming Wires	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Outgoing Wires	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+
Money orders/cashier checks	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+



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If the business engages in any of the following activities, check each box that applies:

- Professional service providers (e.g., attorneys, accountants, doctors, or real estate brokers).
- Cash-intensive businesses (e.g., convenience stores, restaurants, retail stores, liquor stores, cigarette distributors, privately owned ATMs, vending machine operators, and parking garages).
- Foreign financial institutions, including banks and foreign money services providers (e.g., casas de cambio, currency exchanges, and money transmitters).
- Nonbank financial institutions (e.g., money services businesses; casinos and card clubs; brokers/dealers in securities; and dealers in precious metals, stones, or jewels).
- Senior foreign political figures and their immediate family members and close associates (collectively known as politically exposed persons (PEP)).
- Nonresident alien (NRA) and accounts of foreign individuals.
- Foreign corporations and domestic business entities, particularly offshore corporations (such as domestic shell companies and Private Investment Companies (PIC) and international business corporations (IBC)) located in higher-risk geographic locations.
- Deposit brokers, particularly foreign deposit brokers.
- Nongovernmental organizations and charities (foreign and domestic).

TIN Certification/Backup Withholding Information:

By signing below, I certify, under penalties of perjury, that I am a United States citizen or U.S. Person (including a U.S. resident alien), that the Social Security number (SSN) or taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding

Unlawful Internet Gambling Notice/Certification:

Restricted transactions as defined in Federal Reserve Regulation GG are prohibited from being processed through this account or relationship. Restricted transactions generally include, but are not limited to, those in which credit, electronic fund transfers, checks, or drafts are knowingly accepted by gambling businesses in connection with the participation by others in unlawful Internet gambling.

- I certify that the business does not engage in Internet Gambling
- The business does engage in Internet Gambling and has provided additional documentation regarding the validity of such business (see below).
 - A copy of the business license and/or a legal opinion, from an outside attorney stating the validity of the business, reviewed by our general counsel.
 - A third-party certification that the commercial customer's systems for engaging in the Internet gambling business are reasonably designed to ensure that the commercial customer's Internet gambling business will remain within the licensed or otherwise lawful limits, including with respect to age and location verification.
 - The business agrees to provide notification to the participant of any changes to its legal authority to engage in its Internet gambling business.

Cannabis Business Certification

- I certify the business **does not** engage in the Cannabis Industry
- I certify the business **does** engage in the Cannabis Industry

By signing below, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings Deposit Rate & Fee Schedule, Funds Availability Policy Disclosure, if applicable, Privacy Policy, Electronic Funds Transfer Agreement, and any amendments the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I/we hereby certify that the information I have given on the application is complete and true to the best of my knowledge. I/we authorize Element Federal Credit Union to obtain a consumer report from Advanced Reporting and/or one or more credit reporting agencies for the purpose of reviewing my/our application for said account(s). A "consumer report" and/or an "investigative consumer report" which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, credit history, social security verification, or other background checks. I/we certify that I/we are authorized to act on behalf of Member as stated on the signed Resolution of Authority accompanying this Account Card, if applicable. The IRS does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

X _____ X _____
Signature *Date* *Signature* *Date*

X _____ X _____
Signature *Date* *Signature* *Date*