

# Business Deposit Account Application - Corporation (Non-Profit, Not-for-Profit or Charitable Organization)



A corporation is a legal entity separate from the persons that own it. Corporations exist as a product of corporate law, and their rules balance the interests of the shareholders that invest their capital and the employees who contribute labor. People work together in corporations to produce value and generate revenue. This application is for a Non-Profit, Not-For-Profit or Charitable Organization often called a “501(c)(3) Corporation,” which is the section of the IRS code that address its tax-exempt status. Corporations are created by filing the required documents with a particular state government and this process is called “incorporation.” The corporate by-laws provide the framework for its operation and management and legally documents who can make financial decisions for the corporation.

**Notice to Applicant:** Delta Community Credit Union retains the discretion to decline membership applications from complex corporations, business partnerships, or other entities where ownership includes non-individual parties (such as corporations or partnerships). If you have questions regarding membership eligibility as to your business structure, please contact our Deposit Services Department at (404) 677-4659, Option 1 for assistance.

## Business Membership Application Checklist: (Non-Profit, Not-for-Profit or Charitable Organization)

To apply for a Business Deposit Membership for a corporation, please provide a copy of the documents in the checklist below.

Completed Business Deposit Account Application

Completed Resolution for Membership and Depository Services Document

Certificate of Incorporation and Articles of Incorporation from the issuing state

IRS issued Determination Letter and current Tax-Exempt Status Verification

Corporate Bylaws and Meeting Minutes

Taxpayer Identification Number (TIN/EIN)

Driver's License for each Authorized Signer

Certification of Beneficial Owner(s) Form



# Business Deposit Account Application

## Business Eligibility

Business Location in \_\_\_\_\_  
Metro Atlanta County

Current Primary Member \_\_\_\_\_  
Primary Member Account Number

## Business Information

Legal Name of Business: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

## Principal Business Address:

Street (No P.O. Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_ Business Website \_\_\_\_\_

Mailing Address (if different from Principal Business Address) \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

## Business Type

What type of business are you in? \_\_\_\_\_

Describe the primary nature and function of your business

NAICS Code \_\_\_\_\_ North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax Return or Schedule C.

Religious Educational Charitable Services Social Advocacy

Date Business Established \_\_\_\_\_ State of Registration \_\_\_\_\_ Annual Operating Revenue or Budget (projected, if new) \$ \_\_\_\_\_

Delta Community Credit Union reserves the right to deny membership to certain types of businesses.

### Please complete and sign the information related to your Federal Taxpayer Identification Number.

- 1. Federal Taxpayer ID Number (TIN)** – The number shown on this form is my correct federal taxpayer identification Number.
- 2. 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.
- 3. Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations.
- 4. The FATCA code(s)** entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

(If not a "U.S. Person", certify foreign status separately.)

I certify under penalties of perjury the statements checked in this section and that I am a U.S. Person (including a U.S. resident alien).

Authorized Business Signatory \_\_\_\_\_ Date \_\_\_\_\_



As a financial institution, we are required by Federal law to know our members. To do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

**Business Activity**

Delta Community does not offer accounts for internet gambling businesses, or money service businesses (MSB), which include: (1) cryptocurrency businesses (i.e. Bitcoin), (2) currency dealer or exchanger, (3) check cashing business, (4) issuer or redeemer of traveler's checks, money orders or stored value, (5) money transmitter (i.e. MoneyGram and Western Union), or marijuana-related businesses.

Does your business engage in any of the above activities? YES NO (If YES, we are unable to service your business)

Does the organization receive, send, or otherwise support funds, goods, or services internationally (including donations, grants, aid, or program support outside the United States)? YES NO

Is the Internet a major source of donations, grants, or program revenue? YES NO

**Monthly Cash Activity**

What is the source of the cash deposits and/or purpose of cash withdrawals?

Deposits \$ \_\_\_\_\_

Withdrawals \$ \_\_\_\_\_

**Monthly ACH Activity**

What is the source of the ACH deposits and/or purpose of ACH withdrawals?

Number of ACH Deposits \_\_\_\_\_

Number of ACH Withdrawals \_\_\_\_\_

Dollar Amount of Deposits \$ \_\_\_\_\_

Dollar Amount of Withdrawals \$ \_\_\_\_\_

**Monthly Wire Activity**

Domestic Describe the purpose of these transfers and list any reoccurring recipients/senders.

Number of Wires Sent \_\_\_\_\_

Number of Wires Received \_\_\_\_\_

Dollar Amount Wires Sent \$ \_\_\_\_\_

Dollar Amount Wires Received \$ \_\_\_\_\_

International Describe the purpose of these transfers, geographical location and list any reoccurring recipients/senders.

Number of Wires Sent \_\_\_\_\_

Number of Wires Received \_\_\_\_\_

Dollar Amount Wires Sent \$ \_\_\_\_\_

Dollar Amount Wires Received \$ \_\_\_\_\_

**Monthly Check Activity**

Deposits \$ \_\_\_\_\_ Withdrawals \$ \_\_\_\_\_

**Product Selection**

**Savings**

Business Savings  
(5.00 min required for membership)

Business Money Market

**Checking**

Business Value Checking

Business Checking

**Additional Services**

Merchant Services

**Authorized Signers**

At least 1 authorized signer must be a partial owner of the business

**Authorized Signer 1**

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Position with the Business

**Ownership is always 0% for  
a Non-Profit, Not-for-Profit or  
Charitable Organization**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Existing Member Account No. (if applicable)

\_\_\_\_\_  
Driver's License/State ID No. (copy required)

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Years at Current Address

\_\_\_\_\_  
Previous Address if Current is under 2 years

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email

Debit Card?    Yes    No

**Authorized Signer 2**

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Position with the Business

**Ownership is always 0% for  
a Non-Profit, Not-for-Profit or  
Charitable Organization**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Existing Member Account No. (if applicable)

\_\_\_\_\_  
Driver's License/State ID No. (copy required)

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Years at Current Address

\_\_\_\_\_  
Previous Address if Current is under 2 years

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email

Debit Card?    Yes    No



**Authorized Signer 3**

Name (First, MI, Last)		Position with the Business		<b>Ownership is always 0% for a Non-Profit, Not-for-Profit or Charitable Organization</b>
Social Security Number		Date of Birth (MM/DD/YYYY)		Existing Member Account No. (if applicable)
Driver's License/State ID No. (copy required)		State of Issue	Issue Date	Expiration Date
Street Address				
City		State	Zip	Years at Current Address
Previous Address if Current is under 2 years				
Home Phone		Work Phone	Mobile Phone	Email
Debit Card?    Yes    No				

**Authorized Signer 4**

Name (First, MI, Last)		Position with the Business		<b>Ownership is always 0% for a Non-Profit, Not-for-Profit or Charitable Organization</b>
Social Security Number		Date of Birth (MM/DD/YYYY)		Existing Member Account No. (if applicable)
Driver's License/State ID No. (copy required)		State of Issue	Issue Date	Expiration Date
Street Address				
City		State	Zip	Years at Current Address
Previous Address if Current is under 2 years				
Home Phone		Work Phone	Mobile Phone	Email
Debit Card?    Yes    No				

**Important Account Opening Information**

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 does this mean for you: When you open an account, we will ask 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.

The undersigned authorizes the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(ices) on them as individuals to determine eligibility for a business deposit product. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the Credit Union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and will receive a copy of this document and the following:

Business Membership & Account Agreement

Privacy & Opt Out Notification

Electronic Fund Transfers: Your Rights & Responsibilities

Business Deposit Account Terms & Conditions

Limits & Fees Disclosure

Funds Availability Disclosure

Business Services Wire Transfer Service Agreement & Disclosure

Online Account Protection Notification

**Signatures of Authorized Signer's**

x \_\_\_\_\_  
Signer 1

x \_\_\_\_\_  
Signer 3

x \_\_\_\_\_  
Signer 2

x \_\_\_\_\_  
Signer 4

For internal use only: Branch ID: \_\_\_\_\_

Teller #: \_\_\_\_\_



# Resolution for Membership and Depository Services | Corporation (Non-Profit, Not-For-Profit or Charitable Organization)

Name of Corporation: \_\_\_\_\_

If checked, this Corporation operates under the trade name: \_\_\_\_\_

I \_\_\_\_\_, certify that I am Secretary(clerk) of the above-named corporation organized under the laws of \_\_\_\_\_, Federal Employer I.D. Number \_\_\_\_\_, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called held. The resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**RESOLVED**, that each of the persons named below (the "Authorized Signers") is hereby authorized in the name and on behalf of this Corporation to open and maintain such banking accounts (the "Accounts") with Delta Community Credit Union as he or she may deem necessary or appropriate, in his or her sole discretion, including, without limitation, savings, checking, money market, certificates of deposit and night depository accounts and relationships, and to take the following actions, including but not limited to:

- 1) Open any deposit account in the name of the Corporation;
- 2) Endorse checks and orders for they payment of money or otherwise withdraw or transfer funds on deposit with Delta Community Credit Union; and
- 3) Borrow money on behalf and in the name of the Corporation and sign, execute and deliver promissory notes or other evidences of indebtedness.

Print Name

Title

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



# Resolution for Membership and Depository Services | Continued (Non-Profit, Not-For-Profit or Charitable Organization)

**RESOLVED**, that each of the persons named below (the "Debit Card Users") is hereby authorized in the name and on behalf of this Corporation to receive a debit card which can be used to access the Accounts with Delta Community Credit Union as he or she may deem appropriate in his or her sole discretion, including the ability to withdraw transfer or deposit money using the debit card.

Print Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This resolution supersedes all previous resolutions relating to these subjects.

**Certification of Authority:**

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions herein and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

In witness whereof, I have subscribed my name to this document and affixed the seal of the Corporation on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Printed Name of Secretary

# Certification of Beneficial Owner(s) Form - General Instructions

## What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25% equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.



# Certification of Beneficial Owner(s)

Federal regulation requires financial institutions to obtain, verify and record information about beneficial owners of legal entity customers. For Non-Profit, Not-For-Profit and Charitable Organization corporations that do not issue equity interests, the ownership prong does not apply. This form collects information for the individual with significant responsibility to control, manage, or direct the entity.

## I. Persons opening a membership on behalf of a legal entity must provide the following information:

a. Name of person(s) opening business membership/account or maintaining business/accounts:

\_\_\_\_\_

b. Name of legal entity for which the membership/account is being opened/maintained:

\_\_\_\_\_

## Beneficial Owner Not Applicable for Non-Profit, Not-For-Profit or Charitable Organization

II. Provide the following for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g. CEO, CFO, COO, VP, Managing Member, General Partner, President, Treasurer) or any other individual who regularly performs similar functions.

\_\_\_\_\_  
Name Date of Birth Address

\_\_\_\_\_  
Social Security Number (SSN) ID Type & ID Number/Passport Number & Country of Issuance

(If appropriate, an individual listed under section (ii) above may also be listed in this section (iii).)

## III. Certification and Agreement

I, \_\_\_\_\_(name of person opening membership/account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

