

MY CREDIT UNION

Business Services Application

Check all that apply:

Business Membership # _____
Business Checking # _____
Business Share # _____
Other # _____

Business Type:

Sole Proprietorship
Partnership
Corporation
LLC
Political

Business Information

Business name _____

Field of Business _____

Physical Address of Business _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Business Phone _____ Alternate Phone _____

Business Email _____

TIN/EIN _____ Years in business _____

Business Annual Income (estimated if unknown) _____

Has the business or any authorized signer had a transaction account at this or another financial institution within the last 12 months? Yes No

If yes, name of institution(s): _____

Has the business or any authorized signer had a transaction account closed by a financial institution without consent within the last 12 months? Yes No

If yes, reason(s): _____

Has the business or any authorized signer been convicted of a criminal offense involving the use of a check or similar instrument? Yes No

Authorized Signer #1:

Full Legal Name _____ Date of Birth _____

Social Security # _____ Drivers license # _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Work Phone _____

Email Address _____

Employer _____ Occupation _____

Authorized Signer #2:

Full Legal Name _____ Date of Birth _____

Social Security # _____ Drivers license # _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Work Phone _____

Email Address _____

Employer _____ Occupation _____

By signing below, I/We hereby certify that all information contained in this application is true and accurate to the best of my/our knowledge. By signing below, I/We agree to the terms and conditions of the Business Account Agreement, Business Services Deposit Rate, and Business Services Fee Schedules if applicable, and to any amendment 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 authorize verification of employment, credit history, and investigation of credit experience of all signers. All signers acknowledge that they will notify the credit union in writing of any change in status or ownership of the company establishing this or any account. All signers acknowledge that any changes to this account, including adding or removing signers, must be made in writing to the credit union on forms acceptable to the credit union. By signing below you certify that you are authorized and have full power to act on behalf of the company.

Authorized Signer Signature _____ Title _____ Date _____

Authorized Signer Signature _____ Title _____ Date _____

MY CREDIT UNION

Additional Authorized Signers

Authorized Signer #3:

Full Legal Name	Date of Birth	
Social Security #	Drivers license #	
Address		
City	State	Zip
Mobile Phone	Work Phone	
Email Address		
Employer	Occupation	

Authorized Signer #5:

Full Legal Name	Date of Birth	
Social Security #	Drivers license #	
Address		
City	State	Zip
Mobile Phone	Work Phone	
Email Address		
Employer	Occupation	

Authorized Signer #4:

Full Legal Name	Date of Birth	
Social Security #	Drivers license #	
Address		
City	State	Zip
Mobile Phone	Work Phone	
Email Address		
Employer	Occupation	

Authorized Signer #5:

Full Legal Name	Date of Birth	
Social Security #	Drivers license #	
Address		
City	State	Zip
Mobile Phone	Work Phone	
Email Address		
Employer	Occupation	

By signing below, I/We hereby certify that all information contained in this application is true and accurate to the best of my/our knowledge. By signing below, I/We agree to the terms and conditions of the Business/ Organization Account Agreement, Business Services Deposit Rate, and Business Services Fee Schedules if applicable, and to any amendment 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 authorize verification of employment, credit history, and investigation of credit experience of all signers. All signers acknowledge that they will notify the credit union in writing of any change in status or ownership of the company establishing this or any account. All signers acknowledge that any changes to this account, including adding or removing signers, must be made in writing to the credit union on forms acceptable to the credit union. By signing below you certify that you are authorized and have full power to act on behalf of the company/organization.

Authorized Signer Signature (3) Title/Role Date

Authorized Signer Signature (5) Title/Role Date

Authorized Signer Signature (4) Title/Role Date

Authorized Signer Signature (6) Title/Role Date

MY CREDIT UNION

Resolution of Authority

Please list all authorized signers for the account:

A Full Legal Name	Title	Signature
B Full Legal Name	Title	Signature
C Full Legal Name	Title	Signature
D Full Legal Name	Title	Signature

Powers Granted (Grant one or more power(s) to the authorized signer by circling the letter corresponding to their name above.)

For liability reasons, MY CREDIT UNION does not offer accounts with dual control. If your business requires two signatures for certain transactions, you may do so with the understanding that the above stated business assumes responsibility. MY CREDIT UNION will not be held liable for failure to enforce dual control.

Check all that apply:

Description of Power

1. A B C D Exercise all of the powers listed below.
2. A B C D Open any deposit or share accounts in the name of the company.
3. A B C D Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this financial institution.
4. A B C D Borrow money on behalf and in the name of the company, sign, execute, and deliver promissory notes or other evidence of indebtedness.
5. A B C D Endorse, assign, transfer, mortgage or pledge bills receivable warehouse receipts, bills of lading, stocks, bonds, and real estate or other property now owned or hereafter owned or acquired by the company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated, or discounted and to waive demand, presentment, protest, notice of protest, and notice of non-payment.
6. A B C D Other _____

Limitations on Powers. The following are the company's express limitations on the powers granted under this resolution:

Effect on previous resolutions. This resolution replaces resolution dated _____. If left blank, all resolutions remain in effect.

Certificate of Authority

I further certify that the Board of Directors (or governing body) of the company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

Authorized Signer A Signature Date

Authorized Signer C Signature Date

Authorized Signer B Signature Date

Authorized Signer D Signature Date

**31 CFR § 1010.230 CERTIFICATION REGARDING
BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS**

I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. DO NOT SEND TO FinCEN.

Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at www.fincen.gov under the “Filing Information” tab. The form may be completed on a computer using the free [Adobe Reader](#) software.

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 any 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; and (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?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). 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.

Beneficial owners are:

- (1) 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**
- (2) 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 (1), 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 (1), you must provide the identifying information of one individual under section (2). 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% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (*i.e.*, one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple “beneficial owners,” this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

MY CREDIT UNION

Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

Natural Person Opening Account

 First Name Last Name Title

Legal Entity for Which the Account is Being Opened

 Entity Name Type TIN/EIN

 Address City State Zip

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25 percent or more** of the equity interests of the legal entity listed above (if no individual meets this definition, please write "Not Applicable")

Full Name	Date of Birth	Ownership Percentage	Address (Residential or Business Street Address)	SSN for U.S. Persons	Passport No. or Similar ID for non-U.S. Persons*

*Non-U.S. persons must provide a social security number, passport number and country of issuance, or similar identification number. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); **or**
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed above may also be listed in this section.)

Full Name	Date of Birth	Ownership Percentage	Address (Residential or Business Street Address)	SSN for U.S. Persons	Passport No. or Similar ID for non-U.S. Persons*

I _____ hereby certify, to the best of my knowledge, that the information provided above is complete and correct.
 (print name of natural person opening account)

Signature of Natural Person Opening Account **Date** **Member Number**

Re-Certification: I hereby certify, that to the best of my knowledge, the above information continues to be correct.

 Signature Date Signature Date

 Signature Date Signature Date



9550 Lyndale Ave S
Bloomington, MN 55420-4229
(612) 798-7100

Business Debit Card Application

Card Information:

Business Checking # _____

Business Type:

Sole Proprietorship Partnership
Corporation LLC
Political

Business Information

Business name _____

Field of Business _____

Physical Address of Business _____

City _____ State _____ Zip _____

Business Phone _____ Alternate Phone _____

Business Email _____

TIN/EIN _____ Years in business _____

Business Annual Income _____ Gross Annual Sales _____

Total # Employees _____ Year Business Started _____

Estimated # of Employees in Business Card Program _____

Industry Category:

Manufacturer Wholesaler Retail Service

Other: _____

Internal Use Only

Approved By: _____

Date Approved: _____

Authorized Officer / Owner:

Full Legal Name _____ Issue Card? Yes No

Social Security # _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Business Phone _____

Email Address _____

Title _____ Average Monthly Purchases _____

Additional Cardholder:

Full Legal Name _____ Issue Card? Yes No

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Business Phone _____

Email Address _____

Title _____ Average Monthly Purchases _____

By signing accompanying Business Debit Card Application I/We agree to this disclosure, the Membership & Account Agreement, to the personal guaranty, and cardholder agreement that will be mailed with the Visa Business instant Cash&CheckSM card. I/We understand that an individual/business credit report may be requested, on each individual, in conjunction with this application, and with any renewals, updates or extension of any card granted as a result of this application. I/We understand that the credit union is relying on the information I/we have provided in the application and I/we acknowledge that everything I/we have stated is true and correct. By signing the Business Service Application, the authorized business officer, for and on behalf of each applicant, requests that the credit union establish Visa Business instant Cash&CheckSM card for each applicant indicated. MY CREDIT UNION is authorized to investigate, obtain and exchange reports and information regarding this application and resulting accounts with credit reporting agencies, my/our employer or business, or any others with a legitimate need for such information. Only officers of a company, who are signers on the checking account, or an owner in the case of a sole proprietorship, may request a card for themselves or their employees, who must also be signers on the account. In either case, by signing this disclosure I/we acknowledge that I/we am/are solely responsible for maintaining the security of all Visa Business instant Cash&CheckSM cards and PINs issued to me/us, or to my/our employees. I/we understand that I/we will be liable for the acts of my/our employees and other agents related to your company's Visa Business instant Cash&CheckSM cards. If you provide another person with the means to perform transactions related to your accounts using your Business Visa instant Cash&CheckSM card(s), any resulting transactions will be treated as if they were performed and authorized by you.

Authorized Officer/Owner _____ Date _____

Additional Cardholder _____ Date _____