

New Member Business Account Worksheet		Industrial Federal Credit Union																
Part One:																		
1	Full Name of Entity as Shown on Your Tax Filings with IRS																	
2	Do you operate under any other Names: (If Yes Provide Those Names and attach a copy of any filing(s) required by state or local laws)																	
3	Physical Address of :																	
4	Mailing Address (if different):																	
5	Form of Business: ☐ General Partnership (GP) or Limited Partnership (LP) ☐ Corporation (Corp) ☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP) ☐ Unincorporated Association or Non-Profit Organization ☐ Sole Proprietorship (EIN/SSN) ☐ Other (Describe):	6	Organized Under the Laws of: (Print State Here or NA as applicable to an Organization / Assoc.) Principal Place of Business: (Print State and City or County where the majority of your business is located or services performed)															
7	List all of the Owners of the Organization/Businesses or officers of an informal organization, such as a club: (To determine Membership Eligibility of Organization): <table border="1"> <thead> <tr> <th colspan="2">Each Owner's Full Name:</th> <th>Account number at Industrial Federal Credit Union:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </tbody> </table> Attach a Page with All Owner's Full Names and Eligibility if More than Above			Each Owner's Full Name:		Account number at Industrial Federal Credit Union:	1			2			3			4		
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1																		
2																		
3																		
4																		
8	<i>Services Provided – Please be as specific as possible to allow us to make assessments required by federal rules in order to expedite your application for the account/services requested.</i> Type and Nature of Business: _____ _____ _____ _____ _____ _____ _____ Purpose of Account (i.e. payroll, expenses to pay bills of business, investment, etc.): _____ _____ _____ _____ _____ _____																	

9	Does Your Business Sell, Cash or Exchange Checks, Travelers Checks, Stored Value Products (example: Gift Cards, AMEXCO Cash Cards, etc.) in a total amount of more than \$1,000 on any one day?		☐ YES	☐ NO
9a	Does your Business convey funds electronically as a service or on behalf of others?		☐ YES	☐ NO
9b	Does your Business place, receive or otherwise knowingly transmit any bets or wagers by any means?		☐ YES	☐ NO
9c	Do you mine, manage or sell Virtual Currency (e.g. BitCoin)?		☐ YES	☐ NO
9d	Do you, or will you, have an ATM or other Device on your property or associated with your business that will dispense cash, accept deposits or allow any monetary transactions?		☐ YES	☐ NO
9e	If you answer no to any of the above questions in this grouping (9) will you immediately notify us if you at any time make a change to your business that would require a Yes response to any of the above?		☐ YES	☐ NO
10	What will be the <i>Primary Source of Deposits</i> to the entity's account(s):			
11	If Applicable: Tell us who your prior financial institution is; or other financial institutions that you also use:			
12	Tell us about the types of transactions you make, or expect to make:			
Cash Deposits?		☐ YES ☐ NO	Cash Withdrawals? ☐ YES ☐ NO	
If Yes:		If Yes:		
Dollar Range Per Month:	Transactions Per Month:	Dollar Range Per Month:	Transactions Per Month:	
☐ Under \$10,000	☐ Less than 5	☐ Under \$10,000	☐ Less than 5	
☐ \$10,000 to \$25,000	☐ 5 to 10	☐ \$10,000 to \$25,000	☐ 5 to 10	
☐ More than \$25,000	☐ Over 10	☐ More than \$25,000	☐ Over 10	
Any noted explanations?				
Deposits of Cashier's Checks, Money Orders or Traveler's Checks?		☐ YES ☐ NO	Purchase of Cashier's Checks, Money Orders or Traveler's Checks? ☐ YES ☐ NO	
If Yes:		If Yes:		
Dollar Range Per Month:	Transactions Per Month:	Dollar Range Per Month:	Transactions Per Month:	
☐ Under \$10,000	☐ Less than 5	☐ Under \$10,000	☐ Less than 5	
☐ \$10,000 to \$25,000	☐ 5 to 10	☐ \$10,000 to \$25,000	☐ 5 to 10	
☐ More than \$25,000	☐ Over 10	☐ More than \$25,000	☐ Over 10	
Any noted explanations?				

Receive Wires or Other Electronic (ACH) Transfers?		☐ YES ☐ NO		Send Wires or Other Electronic (ACH) Transfers?		☐ YES ☐ NO	
If Yes:				If Yes:			
Dollar Range Per Month:		Transactions Per Month:		Dollar Range Per Month:		Transactions Per Month:	
☐ Under \$10,000		☐ Less than 5		☐ Under \$10,000		☐ Less than 5	
☐ \$10,000 to \$25,000		☐ 5 to 10		☐ \$10,000 to \$25,000		☐ 5 to 10	
☐ More than \$25,000		☐ Over 10		☐ More than \$25,000		☐ Over 10	
Will you send Wires or other Electronic Transfers (e.g., ACH) outside of the United States?						☐ YES ☐ NO If Yes – answer below:	
Select One:		To / From What Country?	How Often / How many times per month?	Estimated Amount per Transfer?		Purpose?	
☐ Send ☐ Receive							
☐ Send ☐ Receive							
☐ Send ☐ Receive							
Attach a Page with Information for Other Countries if Applicable.							
How long has this business existed?							
How many employees do you have?							
Part Two:							
13	Before opening an Account with the Credit Union you will need to provide the following information as applicable:						
General Partnership (GP) or Limited Partnership (LP):				Corporation (Corp):			
☐ EIN Verification Letter ☐ Copy of Partnership Agreement				☐ EIN Verification Letter ☐ Copy of Bylaws			
Limited Liability Company (LLC) or Limited Liability Partnership (LLP):				Unincorporated Association or Non-Profit Organization:			
☐ EIN Verification Letter ☐ Copy of Bylaws				☐ EIN Verification Letter ☐ Copy of Bylaws or Meeting Minutes Authorizing Opening of Account			
Sole Proprietorship (EIN/SSN):				Notes:			
☐ Federal Tax ID Number a.) if SSN – Social Security Card b.) if EIN – EIN Verification Letter ☐ Certificate of Assumed Name							

Part Three:		
14	Certification and Warranty: I/we warrant and certify all information provided is true and correct. I/we further warrant and certify that I/we will update this information from time to time upon request of the Credit Union; when there is a material change to the information provided.	
Name Print:		Name Print:
Signature:		Signature:
Title:		Title:
Date		Date