



# 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 \_\_\_\_\_
- Market Investor \_\_\_\_\_
- Secondary Savings \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**TYPE OF BUSINESS** (Check One)

- Sole Proprietorship
- Partnership
- Non-Profit Corporation/Organization
- Limited Liability Company (LLC)
- Corporation
- Other \_\_\_\_\_

**BUSINESS INFORMATION** (Please Print or Type Names)

Legal Name \_\_\_\_\_

Assumed Business Name(s) \_\_\_\_\_

Tax ID # \_\_\_\_\_ OR Business Registry # \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACCOUNT SIGNERS** (List all individuals that will be authorized signers on the business accounts)

Legal Name \_\_\_\_\_ Role/Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ Role/Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ Role/Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ Role/Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

See Page Attached if more Account Signers

**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 % \_\_\_\_\_

See Page Attached if more Owners, Shareholders, or Members

**SOURCE OF FUNDS**

Opening Deposit \_\_\_\_\_

Ongoing Deposits \_\_\_\_\_

Estimated monthly account balance \$ \_\_\_\_\_ Estimated monthly gross Sales/Income \$ \_\_\_\_\_

**TRANSACTIONS**

Transaction Type	Anticipated Monthly Dollar Volume	Anticipated Number 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+
Purchase of Monetary Instruments (e.g. money orders, cashier's checks)	\$ _____	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+

**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.

**Marijuana Business Certification**

- I certify the business does not engage in the Marijuana Industry
- I certify the business does engage in the Marijuana 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 Maps 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 \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

**MAPS USE ONLY**

Date Opened \_\_\_\_\_ Member Number \_\_\_\_\_ Business Name \_\_\_\_\_

Verified/Scanned for All Signers:  Identification  OFAC  ChexSystems

Review & Attach  Business Account Checklist  Business Registry  Additional Signers  Additional Owners

Documentation:  Other Documentation as Required (See Reverse)  Internet Gambling Documentation

FSR Name (print) \_\_\_\_\_ Audited By \_\_\_\_\_

**Who Can Join?**

To join Maps Credit Union, the Business or Non-Profit organization must meet eligibility requirements. An organization located within the Willamette Valley Basin is eligible for membership. In addition, a Business or Non-Profit organization that is composed of individuals who are eligible for membership, or whose employees are eligible for membership, may be admitted to membership in the same manner and under the same conditions as individuals.

**Registration of Business**

Most businesses, non-profit corporations and political organizations are required to file proper organization documents with the State. A business name must be registered with the State of Oregon Corporation Division if the “real and true” name of each person who is carrying on the business is not disclosed in the business name. A “real and true” name means the first name, middle name or initial, and last name of each business owner. It is the business owner’s responsibility to maintain an active business registration. The Credit Union will verify the registration and status of all businesses/organizations through the Corporation Division website before opening an account, negotiating items payable to the organization or performing other types of transactions.

**Identification**

All authorized signers on the account must provide their SSN, valid photo identification and a valid second piece of identification.

**Taxpayer Identification Number (TIN)**

Most businesses are required to obtain a TIN prior to opening a business account. This can be obtained through the IRS. If you are unsure whether your business needs a TIN, please contact your tax advisor or the IRS.

**In addition to the Registration, Identification and TIN, we must have documentation that shows ownership and specifically states who has the authority to conduct business and financial transactions. If the documents do not specify who has the authority to conduct business, Maps can provide a Resolution of Authority form. The Credit Union reserves the right to require additional documentation at any time as deemed necessary.**