

Business Account Application

(Instructions and General Information)

How to Establish Membership

- » **Email/Upload:**
Complete this application, signed by all business owners/officers/authorized signer(s), with required documentation. You can securely upload your application at [SignatureFCU.org/upload](https://signaturefcu.org/upload) or email your application to newaccounts@signaturefcu.org.
- » **Online:**
Visit [SignatureFCU.org/BusinessAccounts](https://signaturefcu.org/BusinessAccounts) to complete and submit online.
- » **Mail:**
You can mail your completed signed application, signed by all business officers/owners/authorized signers with required documentation to:
New Accounts
Signature Federal Credit Union
12 Herbert Street
Alexandria, VA 22305

Have a question or need assistance with your application? Contact our New Accounts Department at (800) 336.0284 ext. 505 or email newaccounts@signaturefcu.org

Required Business Entity Documentation

- » Page 1 of the Business Membership Application contains the required business entity documentation for each business type. Please submit required documentation per business type with your application.
- » Signature FCU recognizes that various U.S. States, Counties, and/or Local Municipalities may have variations specific to the titles of specific Business Entity documentation. These documents will be acceptable if found to be reasonably comparable to Signature FCU's documentation requirements.
- » For Partnerships, please provide your complete Partnership Agreement.
- » Please ensure all signatures are provided and appropriate documentation is included with your application.

Authorized Signers

- » Authorized Signers are allowed access to all Business Share and Draft accounts.
- » Authorized Signers do not need to be an individual member(s) of Signature FCU.
- » The business owners are automatically included as Authorized Signers. Only the business owner(s) are allowed to add or remove signers from business accounts with a completed business account update application, available at [SignatureFCU.org/BusinessAccounts](https://signaturefcu.org/BusinessAccounts)

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Misplace your EIN?

Go to www.IRS.gov and search "Misplace Your EIN" or call 800.829.4933.

Business Information				
Name of Business				
DBA Name (If applicable)			Business Phone No.	
Physical Address of Business (Cannot be a post office box)	Street	City	State	Zip Code
Mailing Address of Business (If different from above address)	Street	City	State	Zip Code
List All Additional Locations of Business (If Any)	Street	City	State	Zip Code
Email Address (Required for online branch access)			Website Address	

Type of Business Please select business legal structure and appropriate proof of existence documents as noted below business entity type.				
Legal Structure of Business (all parts of this section are required)				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnerships*	<input type="checkbox"/> Corporation	<input type="checkbox"/> Single Member - Limited Liability Company (LLC)	<input type="checkbox"/> Multi Member - Liability Company (LLC)
<input type="checkbox"/> IRS EIN Letter (if applicable) AND <input type="checkbox"/> Valid Business License Business Permit	<input type="checkbox"/> Partnership Agreement (OR Limited Partnership Agreement) <input type="checkbox"/> IRS EIN Letter	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws	<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws	<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws
If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)
*Applies to Limited Partnership (LP), Limited Liability Partnership (LLP), and Professional Limited Liability Partnership (PLLP)		*501 (c)(3) Non-Profit Organization - Please use Organizational Account Application		

Business Details				
Is your Business any of the following? (Check all that apply).				
<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Consulting	<input type="checkbox"/> Cigarette Distributor	
<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Construction	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Legal Service Provider	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Administrative Services		
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Vending Machine Operator	<input type="checkbox"/> Charity or Non-Governmental Organization (NGO)		
<input type="checkbox"/> Food Services	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation		
Describe the nature of your Business (Actual goods sold or service(s) provided)				
Estimated annual sales/revenue <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> Greater than - \$1,000,000				
Anticipated monthly transaction amounts				
<input type="checkbox"/> Cash \$ _____		<input type="checkbox"/> Checks \$ _____		<input type="checkbox"/> ACH Domestic \$ _____
<input type="checkbox"/> Wire Domestic \$ _____		<input type="checkbox"/> Debit/Credit Cards \$ _____		
Business' primary trade area (Check all that apply.)			Do you have accounts for this Business with an institution other than Signature FCU?	
<input type="checkbox"/> Local Community	<input type="checkbox"/> Statewide	<input type="checkbox"/> Nationwide	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	
Purpose/type of transactions for which your Signature FCU account will be used:			Is the internet a major source of revenue for your Business?	
<input type="checkbox"/> Operating/General Purpose	<input type="checkbox"/> Escrow Management	<input type="checkbox"/> Savings/Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			How many employees do you have?	

Business Products & Services		
<input checked="" type="checkbox"/> Business Savings Account*	<input type="checkbox"/> Visa Signature Business	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Business Checking	<input type="checkbox"/> LOAN _____	<input type="checkbox"/> Share Certificate

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Funding Requirements for New Business Memberships

Deposit Amount (\$5 minimum)	Deposit Source		
	<input type="checkbox"/> Check	<input type="checkbox"/> Debit or Credit Card	<input type="checkbox"/> Transfer - Member Number _____
Visa/Mastercard/Account Number	Exp.	CVV.	ZIP.

List the following information for each individual 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.

To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identifies all new Credit Union Members. The Credit Union must also verify non-members added as signatories on all accounts. In addition to verify identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy.

Beneficial Owner One

Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.		
Driver's License or Government ID No. or State ID No.	(_____% of ownership)		
ID No.	State		
Cell Number	Home Number		

Beneficial Owner Two

Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.		
Driver's License or Government ID No. or State ID No.	(_____% of ownership)		
ID No.	State		
Cell Number	Home Number		

List the following information for one individual with significant responsibility for managing the legal entity listed about such as:

1. An executive officer or senior manager (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or treasurer) OR
2. Any other individual who regularly performs similar functions.

INDIVIDUAL WITH CONTROL INFORMATION

Name: _____

Job Title: _____

Date of Birth: _____ SSN Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary ID (Type, State of Issue, Number, Expiration): _____

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In addition to the Business Owner(s), the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Signature Federal Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. A Business Owner(s) is the only individual(s) entitled to add and delete Authorized Signers with a completed business account update form available at SignatureFCU.org/BusinessAccounts

Authorized Signer One

Signer: First		MI	Last		Suffix
Social Security No.			Current Member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth (MM/DD/YY)		Driver's License or Government ID No. or State ID No. ID No. State			
Cell Phone No.			Home Phone No.		

Authorized Signer Two

Signer: First		MI	Last		Suffix
Social Security No.			Current Member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth (MM/DD/YY)		Driver's License or Government ID No. or State ID No. ID No. State			
Cell Phone No.			Home Phone No.		

Authorized Signer Three

Signer: First		MI	Last		Suffix
Social Security No.			Current Member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth (MM/DD/YY)		Driver's License or Government ID No. or State ID No. ID No. State			
Cell Phone No.			Home Phone No.		

(Copy of government issued ID required for all account signers)

