



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 888.336.2700
 dfcufinancial.com

Business Account Application

NEW UPDATE DATE: _____

Business Account Number: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

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 or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

Business Savings Business Checking Business Interest Checking Plus Business Certificate

OVERDRAFT PROTECTION AUTHORIZATION/REQUEST

You request overdraft protection on your checking account with us. Your overdrafts will be covered by transferring funds from your business loan and/or other business deposit account(s) identified below and in the order specified, provided you have enough available funds. You hold us harmless from any and all liability which might otherwise exist if a transfer does not occur.

You elect not to participate in overdraft protection.

Priority	Source Account Type – Account Number
1.	
2.	
3.	
4.	

BUSINESS/ACCOUNT OWNER INFORMATION

NAME OF ORGANIZATION/ACCOUNT OWNER		MEMBER NUMBER		OTHER TRADE OR DBA NAME(S)	
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Association (Unincorporated)		
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Non-Profit Corporation		
<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)				
STATE ORGANIZED		EIN/TIN		NAICS CODE	
BUSINESS LICENSE NUMBER		ISSUANCE DATE		EXPIRATION DATE	
STATE ISSUED		CITY		STATE	
MAILING ADDRESS		CITY		STATE	
PHYSICAL ADDRESS		CITY		STATE	
BUSINESS PHONE		OTHER PHONE		WEB SITE ADDRESS/EMAIL	
MEMBERSHIP ELIGIBILITY		NATURE OF BUSINESS			

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- (1) The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and*
- (2) The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and*
- (3) The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.*

Certification Instructions. Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

AUTHORIZATION FOR BUSINESS SIGNERS

Each Business Signer below has the right to individually transact business on this account.

On behalf of the Account Owner, the undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned further agrees to be bound by the Credit Union's Bylaws, rules and regulations, as amended from time to time. The undersigned agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This form supersedes, takes precedence over and replaces any such form that preceded it.

First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

AUTHORIZATION FOR BUSINESS AUTHORIZED SIGNERS

Each Business Authorized Signer(s) listed below has the right to individually transact business on this account and may be removed at any time without notice by any Business Signer.

The undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This form supersedes, takes precedence over and replaces any such form that preceded it.

First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date
First Name	Last Name	Social Security Number	Birth Date

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

X

SIGNATURE

TITLE: _____ DATE: _____

FOR CREDIT UNION USE ONLY

DATE	OPENED BY	BRANCH NAME	MEMBERSHIP VERIFICATION
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