

Business Eligibility				
□ Business Location ir Metro Atlanta	Business Owner is Current Primary Member			
	County		· · · · · · · · · · · · · · · · · · ·	Primary Member Account Number
Business Information				
Legal Name of Business	:			
DBA (if applicable):		F	ederal Tax ID No.:	
Principal Business Add	dress:			
·				
Street (No P.O. Boxes)				
City	State			Zip
Business Phone	Busir	ness Email		Business Website
Mailing Address (if different fro	m Principal Business A	ddress)		
Primary Contact Name	Emer	rgency Contact Name		Emergency Contact Phone
Business Type				
What type of business a	re you in?			
<i></i>	Describ	e the primary nature and function	of your business	
	North American L	nduatry Classification Syste	m is the standard w	and by Enderal Statistic Agencies to
NAICS Code		establishments. It appears		sed by Federal Statistic Agencies to Return or Schedule C.
Sole Proprietorship		Corporation		
Limited Liability Comp				
		or charitable organization?		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	<u>j</u>		\$
Date Business Established	Number of Years	Under Current Ownership	State of Registration	Annual Sales (projected, if new)
Delta Community Credit	Union reserves the	e right to deny membership	to certain types of h	nusinesses
-				
•	•	on related to your Federal		
	er ID Number (TIN	 The number shown on 	this form is my corre	ect federal taxpayer identification
Number. 2. Backup withholding – I am not subject to backup withholding either because I have not been notified that I am				
subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service				
		[·] subject to backup withhold mpt recipient under the Inte		ce Regulations
4. The FATCA cod	le(s) entered on th	is form (if any) indicating th	at I am exempt from	FATCA reporting is correct.
(If not a "U.S. Person", c	ertify foreign status	s separately.)		
I certify under penalties of perjury the statements checked in this section and that I am a U.S. Person (including a U.S.				
resident alien).				, c
Authorized Business Signato	ry		Date	
		1		Rev 8/17
	ion is federally	I	P.O. Bo	x 20541 Atlanta GA 30320-2541
EQUAL HOUSING INCUA insured by the Union Adminis	National Credit stration.			

Telephone: (404) 677-8691 Email: Business.Services@DeltaCommunityCU.com



As a Financial Institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

Business Activity

Delta Community does not offer accounts for internet gambling businesses, money service businesses (MSB), which includes: (1) cryptocurrency businesses (i.e. Bitcoin), (2) currency dealer or exchanger, (3) check cashing business, (4) issuer or redeemer of traveler's checks, money orders or stored value, (5) money transmitter (i.e. MoneyGram and Western Union), or marijuana-related businesses.

Does your business engage in any of the above activity?

Is the Internet	a maior source	e of revenue for	your business?	□ YES	
13 the internet	a major source		your business:		

Monthly Cash Activity		What is the source of the cash deposits and/or purpose of cash withdrawals?
Deposits	\$	
Withdrawals	\$	
Monthly ACH Activity Number of ACH Deposits		What is the source of the ACH deposits and/or purpose of ACH withdrawals?
Number of ACH Withdrawals		
Dollar Amount of Deposits	\$	
Dollar Amount of Withdrawals	\$	
Monthly Wire Activity		
Domestic		Describe the purpose of these transfers and list any reoccurring recipients/senders.
Number of Wires Sent		
Number of Wires Received		
Dollar Amount Wires Sent	\$	
Dollar Amount Wires Receive	d \$	
Foreign		Describe the purpose of these transfers, geographical location and list any reoccurring recipients/senders.
Number of Wires Sent		
Number of Wires Received		
Dollar Amount Wires Sent	\$	
Dollar Amount Wires Receive	d \$	
Monthly Check Activity		
Deposits \$	Withdrawals	\$
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This credit union is federally insured by the National Cred Union Administration.	/ Jit	P.O. Box 20541 Atlanta GA 30320-2541

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Product Selection			
Savings	Checking	Additional Services	
Business Savings (5.00 min required for membership)	Value Checking	□ Reward Po	ints for Visa Check Card
Business Money Market	Business Checking	Contributing to	
		🗌 Merchant S	Services
-	signer must be a partial owner of the	ousiness	
Authorized Signer 1			
Name (First, MI, Last)		Position with the Business	% Ownership
Social Security Number	Date of Birth (MM/DD/YYYY)	Existing Memb	per Account No. (if applicable)
		J	() () () () () () () () () ()
Driver's License/State ID No. (copy required)	State of Issue	Issue Date	Expiration Date
Street Address			
City	State	Zip	Years at Current Address
	Cuito -	—,p	
Previous Address if Current is under 2 years			
Home Phone Work Phone	Mobile Pho	ne Email	
Accounts: 🛛 Business Savings	□ Value Checking □	Business Checking	Monov Market Account
	•	Baeineee eneering	Money Market Account
Check Card? 🔲 Yes 🗌 No	-		
Check Card? 🗌 Yes 🗌 No	-	Dublineee enteeling	
Check Card? Yes No Authorized Signer 2	-	Dublicee encouning	
Authorized Signer 2		-	
		Position with the Business	<u>% Ownership</u>
Authorized Signer 2 Name (First, MI, Last)	Date of Birth (MM/DD/YYYY)	Position with the Business	% Ownership
Authorized Signer 2	Date of Birth (MM/DD/YYYY)	Position with the Business	
Authorized Signer 2 Name (First, MI, Last)	Date of Birth (MM/DD/YYYY) State of Issue	Position with the Business	% Ownership
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required)		Position with the Business Existing Memb	% Ownership ber Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number		Position with the Business Existing Memb	% Ownership ber Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address	State of Issue	Position with the Business Existing Memt	wer Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required)		Position with the Business Existing Memb	% Ownership ber Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address	State of Issue	Position with the Business Existing Memt	wer Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address City	State of Issue	Position with the Business Existing Memt	wer Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address City	State of Issue	Position with the Business Existing Memt Issue Date Zip	wer Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address City Previous Address if Current is under 2 years	State of Issue	Position with the Business Existing Memt Issue Date Zip	wer Account No. (if applicable)
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address City Previous Address if Current is under 2 years Home Phone Work Phone	State of IssueStateMobile Pho	Position with the Business Existing Memt Issue Date Zip Email	% Ownership ber Account No. (if applicable) Expiration Date Years at Current Address
Authorized Signer 2 Name (First, MI, Last) Social Security Number Driver's License/State ID No. (copy required) Street Address City Previous Address if Current is under 2 years Home Phone Work Phone Accounts:	State of IssueStateMobile Pho	Position with the Business Existing Memt Issue Date Zip Email	% Ownership ber Account No. (if applicable) Expiration Date Years at Current Address

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Authorized Signer 3

Name (First, MI, Last)			Position with the Busin	ess	% Ownership
Social Security Number	Date of Birth (MM	/DD/YYYY)	Exis	ting Member Accou	Int No. (if applicable)
Driver's License/State ID No. (copy required)	State of Issue		Issue Date	E	xpiration Date
Street Address					
City	State		Zip	Y	ears at Current Address
Previous Address if Current is under 2 years					
Home Phone Work Phone	e	Mobile Pho	ne	Email	
Accounts: 🛛 Business Savings	Value Checking		Business Checking		ney Market Account
Check Card? 🔲 Yes 🔲 No					
Authorized Signer 4					
Name (First, MI, Last)			Position with the Busin	ess	% Ownership
Social Security Number	Date of Birth (MM	/DD/YYYY)	Exis	ting Member Accou	unt No. (if applicable)
Driver's License/State ID No. (copy required)	State of Issue		Issue Date	E	xpiration Date
Street Address					
City	State		Zip		ears at Current Address
Previous Address if Current is under 2 years					
Home Phone Work Phone	e	Mobile Pho	ne	Email	
Accounts: 🛛 Business Savings	Value Checking		Business Checking	🗆 🗆 Mor	ney Market Account
Check Card? Yes No					



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Important Account Opening Information

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 who opens an account.

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

The undersigned authorizes the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals to determine eligibility for a business deposit product. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the Credit Union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and will receive copy(ies) of, this document and the following:

Privacy & Opt Out Notification
Business Deposit Account Terms & Conditions
E Funds Availability Disclosure
Online Account Protection Notification

Authorized Signer's Signatures

X Signer 1	XSigner 3
X	X
Signer 2	Signer 4

For internal use only:	Branch ID:	

Teller #:



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