



Business Account Questionnaire

The Questionnaire MUST be Completed for ALL New Business Members before opening ANY accounts.
Note: Self-Help Credit Union DOES NOT open accounts for any entities offering services related to MSB's, marijuana, gambling or third party ACH services.

Organization Name		Tax Identification Number	
Second Name Line		Date of Incorpor./Establishment	
Physical Address		City	State Zip
Business Phone	Contact Person	E-Mail Address	
Name of Person Opening Account	Type of Legal Entity for Which the Account is Being Opened		

I. Beneficial Owner Information

Section I – Ownership

**Required for Corporations LLCs, LPs, GPs and Business Trusts unless a non-profit entity*

The following information for each individual, if any 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.

Note: For Foreign Persons: Passport Number and Country of Issuance (or similar identification number) For US Persons: Social Security Number

Check here if no individual meets this definition and complete Section II or III if applicable

Name		Address	
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance
Name		Address	
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance
Name		Address	
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance
Name		Address	
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance

Section II – Control

**Required for Charities/Non-Profit Entities, Corporations, LLCs, LPs, GPs and Business Trusts*

The following information for one individual with significant responsibility for managing the legal entity listed above such as an executive officer or senior manager (Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) OR Any individual who performs similar functions.

Name		Address	
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance

Section III – Not Applicable

Complete for Sole Proprietorships or Unincorporated Associations

Check here if beneficial ownership is not required based on entity type.

II. Business Activity

1. Are you an Agent of a Money Services Business (e.g. Sigue, Money Gram, etc.)? If Yes list the names of the MSBs with whom you have an agent agreement. (e.g. Sigue, MoneyGram, etc.)						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you offer any of the following products/services?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Check one or all of the products/services you offer (if applicable):	<input type="checkbox"/> Check Cashing	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Currency or Virtual Currency, including Bitcoin Sale & Exchange	<input type="checkbox"/> ATM services	<input type="checkbox"/> Sale of Stored Value Cards	<input type="checkbox"/> Issuer/Seller of Travel Checks & Money Orders
3. If you offer any of the above listed products/services, do you conduct more than \$1,000 in business/day with one person in one or more transactions? (e.g. cash checks for an individual aggregating to \$1,000 or more/day)						<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you cash checks for your customers, do you charge a fee?						<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a. Does the business manufacture, distribute, or dispense any type of marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No						
b. Does the business sell paraphernalia, such as vaporizers, glass pipes, detoxification liquids, bongs, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide specifics of what types of paraphernalia is sold. _____						
c. Does the business have clients/customers who provide marijuana related goods/services? <input type="checkbox"/> Yes <input type="checkbox"/> No						

6. a. Does the business operate as a casino or engage in gaming (poker, bingo, video gaming dealing, etc.)? Yes No
- b. Are there prizes/rewards received for playing the machines? Yes No
- c. Are the machines associated with or placed in any internet sweepstakes cafes? Yes No

III. Business Profile Questionnaire

1. Have any of your authorized signers/owners held a public office position in the past 12 months with a foreign government? Yes No

If **Yes**, list the name(s) of the individual(s), the position(s) held and the foreign government entity.

Name: _____ Position Held/Foreign Government Entity _____

2. a. Does the business send money **on your customers' behalf** electronically from one location to another? Yes No

b. Does the business perform merchant services **for your customers** that includes ACH transactions or electronic activity? Yes No

3. What types of **deposits** will the business make at the Credit Union?

DEPOSITS: Wire Transfers Cash Electronic Checks Other (please describe) _____

(PayPal, Venmo
CashApp, Square,
transfers between
institutions, etc.)

4. What types of **withdrawals** will the business make at the Credit Union?

WITHDRAWALS: Wire Transfers Cash Electronic Checks Other (please describe) _____

(PayPal, Venmo
CashApp, Square,
transfers between
institutions, etc.)

5. a. What is the estimated monthly total of wire transactions that the business expects to **send**? **Estimated Total/Month:** _____

b. What is the estimated monthly total of wire transactions that the business expects to **receive**? **Estimated Total/Month:** _____

WIRE TRANSFERS: If you engage / will engage in wire transfers, list all countries you would transfer money to and from:
Note: Self-Help CU does not perform International Wires

COUNTRIES TO:		COUNTRIES FROM:	

6. a. What is the estimated monthly total of electronic transactions that the business expects to **send**? **Estimated Total/Month:** _____

b. What is the estimated monthly total of electronic transactions that the business expects to **receive**? **Estimated Total/Month:** _____

7. a. Approximately how much cash does the business expect to **deposit** each month? **Estimated Total/Month:** _____

b. Approximately how much cash does the business expect to **withdraw** each month? **Estimated Total/Month:** _____

8. a. What is the estimated monthly total of checks the business expects to **deposit**? **Estimated Total/Month:** _____

b. What is the estimated monthly total of checks the business expects to **write**? **Estimated Total/Month:** _____

9. Briefly describe the nature of the business (must be specific, i.e. computer consulting, grocery store, healthcare provider etc.):

10. What kind of business accounts are you interested in opening with Self-Help? (i.e. checking account for operating expenses, savings account for business reserves, etc.):

I, _____ (name of natural person opening account) hereby certify, to the best of my knowledge that the information provided above is complete and correct. I also certify that I will notify the financial institution of any changes in such information.

Signature _____ Date _____

FOR OFFICE USE ONLY Branch: _____ Name of MSR: _____



Business / Nonprofit Organization Application

Ownership: _____

Member # _____ (To be provided by the Credit Union)

Self-Help Credit Union, including its divisions may be referred to as "Credit Union."

Important Information About Procedures for Opening a New 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 who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Organization Name		Tax Identification Number	
Second Name Line		Date of Incorporation / Establishment	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Business Phone	Business Fax	E-Mail Address	

Membership Eligibility Requirements - Primary Member Only:

Eligibility Type: _____ Group: _____

* If eligible through The Center for Community Self-Help: The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for people of color, women, rural residents, and low-wealth families and communities. Membership in the Center for Community Self-Help requires a \$5 fee, which is a tax-deductible contribution.

Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) - Regulation GG

In accordance with provisions of the Unlawful Internet Gambling Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Credit Union. "Restricted transaction" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or the proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers or (iii) checks, drafts, or any similar instruments. By signing below, the signers certify on behalf of the Business that it does not engage in internet gambling business.

MSB Certification

I (We) certify that I (we) are not a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Casher, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and US Postal Service.

Authorized Signature _____ Date _____

FOR OFFICE USE ONLY Branch: _____ Name of MSR: _____



Member deposits are insured up to \$250,000 by the National Credit Union Administration

7 cfdcfUHY#6 i g]bYgg#9 bh]miF Ygc`i h]cb`UbX`G][bUhi fY`5 i h cf]hm Designating Self-Help Credit Union ("Credit Union") as Depository

A. Business / Organization (Account Holder): _____

Address: _____
Street City State Zip Code

Taxpayer ID Number: _____ Phone Number: _____

Ownership Type: Corporation LLC Partnership Sole Proprietorship Other (specify): _____

Each signer affirms the following: Under penalties of perjury, I certify (1) that the number shown on this form is the Account Holder's correct Taxpayer Identification Number and (2) that the Account Holder is not subject to backup withholdings either because it has not been notified that it is subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholding (if you are subject to backup withholding, mark out statement 2 and initial this paragraph). This agreement also applies to other deposit and savings accounts.

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

The signature(s) on this agreement should match the signature(s) on the account application form. In the event of any difference, this Resolution & Signature Authority will be the ruling document.

Account # _____
(for credit union use only)

B. Name(s) of Authorized Signer(s) on the Account	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be it Hereby Resolved (Authorized):

That Self-Help Credit Union, (hereafter referred to as the Credit Union) is designated as a depository for the funds of this Organization.

1. Resolved, that the deposit and/or term certificates be opened and maintained in the name of this Organization with the Credit Union in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Membership Agreement and other disclosures and rate & fee schedules; that any one of the above officers, employees, partners, members or managers of this Organization is/are hereby authorized on behalf of this Organization and in its name to sign checks, drafts, notes, bill of exchanges, acceptances, term certificates, or other orders for the payment of money; to endorse checks, notes, bills, term certificates, or other instruments owned or held by this Organization for deposit with the Credit Union or for collection or discount by the Credit Union to accept drafts, acceptances, and other instruments payable at said Credit Union; to place orders with the Credit Union for the purchase and sale of foreign currencies on behalf of this Organization; to execute and deliver an electronic funds transfer agreement and to appoint and delegate, from time to time, such persons who may request transfers on behalf of the Organization; to waive presentment, demand, protest, and notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn or endorsed by the organization. And the above "Specimen Signatures" are the true and actual signatures of such authorized officers, employees, partners, members, or managers of this Organization; and,

2. Further Resolved, that the Credit Union be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with the foregoing resolution even though drawn or endorsed to the order of any officers, employees, partners, members or managers signing the same or tendered by him cashing, or in payment of the individual obligation of such officer, employee, partner, member or manager, or for deposit to his or her personal account, and the Credit Union shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolution, or the application or disposition of such instrument or the proceeds thereof; and,

3. Further Resolved, that the Credit Union is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Organization's name, including those payable to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the specified number of the foregoing officers, employees, partners, members or managers of this Organization, and the Credit Union shall be entitled to honor and to charge this Organization for such checks, drafts, or other orders, regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signatures resemble the facsimile specimen duly certified to or filed with the Credit Union by the Secretary, Assistant Secretary or other authorized officer of this organization or manager or member (if a limited liability company); or general partner (if a general or limited partnership) and,

4. Further Resolved, that the Secretary, Assistant Secretary, or other authorized officer, partner, or manager of this Organization shall certify to the Credit Union that the name of the persons who are at present authorized to act on behalf of this Organization under the foregoing resolutions and shall from time to time hereafter, as changes in the personnel of said officers, members or managers and employee are made, immediately certify such changes to the Credit Union by submission of a new Resolution and Signature Authority (with new signatures), and the Credit Union shall be fully protected in relying on such certifications of the Secretary, Assistant Secretary or other authorized officer, member or manager and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signature of any officer, employee, partner, member or manager so certified, or refusing to honor any signature not so certified; and,

5. Further Resolved, that the foregoing resolutions shall remain in full force and effect until written notice of their rescission shall have been received by the Credit Union and apply to any and all deposit accounts and/or term certificates in the name of this Organization, regardless of whether the account number assigned by the Credit Union appears or does not appear on the face of this form or Resolution and Signature Authority; and that receipt of such notice shall not affect any action taken by the Credit Union prior thereto; and,

6. Further Resolved, that all transactions by any of the officers, employees, partners, members, or managers of this Organization on its behalf, and in its name, with the Credit Union prior to the delivery to the Credit Union of a certified copy of the foregoing resolution are, in all respects, hereby ratified, confirmed, approved, and adopted; and,

7. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, members, or managers be, and hereby is, authorized and directed to certify these resolutions to the Credit Union and that the provisions thereof are in conformity with the Charter and Bylaws, Articles of Incorporation, Articles of Organization, Operating Agreement and/or Partnership Agreement of this Organization.

The Undersigned Organization certifies that its appropriate officers, employees, directors, partners, managers and/or member have read, understand and agree and the Undersigned Organization understands and agrees to (a) the terms and conditions appearing on the Resolution and Signature Authority; and (b) the terms and conditions of the depositors' membership agreement and disclosures and fee schedule (which were furnished separately and the receipt of which is hereby acknowledged).

C. THIS SECTION IS ONLY FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS.

I, the undersigned, hereby certify to the Credit Union that I am the Secretary/Assistant Secretary of:

(Name of Business/Organiziation)

and that the Board of Directors of said Organization at a meeting at which a quorum was present adopted this Resolution and Signature Authority, and that such Resolution and Signature Authority is in full force and effect and has not been amended or rescinded.

In witness whereof, I have hereunto set my hand and the seal of the Corporation/Association

this _____ day of _____, _____ . _____
Secretary's Signature

D. THIS SECTION IS FOR PARTNERSHIPS, LIMITED PARTNERSHIPS, UNINCORPORATED ASSOCIATIONS, LIMITED LIABILITY COMPANIES (LLC & PLLC), AND SOLE PROPRIETORSHIPS.

The following designated signatures are required to certify this authorization to be correct:

- Partnerships, Limited Partnerships and Limited Liability Partnerships (LLPs) require signatures of two Partners, unless there is only one General Partner, in which case the signature of the sole General Partner is required and is sufficient.
- Unincorporated Associations require two signatures. However, if the association does not have governing body/elected officers, it will require only one signature.
- Limited Liability Companies and Professional Limited Liability Companies (LLCs and PLLCs) require signatures of either two Members or two Managers, unless there is only one Manager, in which case the signature of the sole Manager is required and is sufficient. LLC and PLLC accounts also require a copy of the Articles of Organization attached to this form. (No certification required if individual does business in his/her own name).
- Sole Proprietorships require the proprietor's (owner's) signature, and Assumed Name or similar legal certificate showing business name.

I (We) certify this Resolution and Signature Authority to be correct.

<i>Signature(s)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signing this corporate resolution and signature authority form authorizes the Credit Union to run a credit check on the signers.



Business / Nonprofit Organization Application

Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Please complete the “Business / Nonprofit Organization Application” and other account related forms as indicated below. If any part of the required information is not received, your membership will be delayed until all necessary items are received. If you have any questions as you complete these forms, please contact us at 1-800-966-7353 or contact one of our [branches](#) closest to you.

Business Account Questionnaire

Please take a moment to answer the questions listed on the questionnaire. This will enable us to better meet your needs and our responsibility under the USA Patriot Act and similar laws. It is important that you complete all the sections of the “Business Account Questionnaire”.

Important: Please note that Self-Help Credit Union **does not** open accounts for any entities offering services related to MSB’s, marijuana, gambling or third party ACH services.

Make sure that the Business Account Questionnaire is signed by the business representative (owner/signer).

Business / Nonprofit Organization Application

Ownership

Indicate the type of business by selecting one of the choices in the drop down box. Based on the type of ownership, additional forms and documentations are required.

Member Number

This will be assigned by the Credit Union.

Complete each field as indicated below. If certain fields are not applicable, please enter N/A.

- Organization Name* – Enter the legal name of the organization /business (If the business entity is a Sole Proprietorship and operates under the owner’s name enter the owner’s name).
- Tax Identification Number* – Enter the EIN of the business, or SSN of owner if a Sole Proprietorship
- Second Name Line – If the entity does business under a different name enter it here (e.g. Smith Inc. DBA Smith’s Landscaping---Smith Inc. is entered in the “Organization Name” field and DBA Smith’s Landscaping is entered under the “Second Name Line” field. If not applicable leave blank.
- Date of Incorporation / Establishment* – Enter the date the business entity/organization was incorporated or established
- Physical Address* – Enter the business entity’s/organization’s full physical address including city, state and zip
- Mailing Address – Enter a mailing address if different from the physical address
- Business Phone* – Enter business phone number
- Business Fax – Enter your business fax number, if applicable
- E-mail Address – Enter the primary e-mail address for the business or owner, if applicable

***Required fields**

Member Eligibility Requirements -Primary Member Only:

You can become a member of Self-Help Credit Union if:

- a. You live, work, worship or attend school in one of the counties that are listed on the [Self-Help's Website](#)
- b. You are a member of an employee/association eligible for membership
- c. You are an "immediate family" member of an individual who is a member of the above mentioned eligible groups. "Members of the immediate family" include the following secondary members: spouse, parent, and children of the primary members.
- d. Or you become a member through The Center for Community Self-Help. Membership in the Center for Community Self-Help requires a \$5 fee, which is a tax-deductible contribution.

Eligibility Type

Select one of the options from drop down list.

- If you choose "**Geographic**" as the eligibility type, in the "**Group**" field select Live, Work, Worship, or Attend School, as applicable.
- If you choose "**Employer/Association**" as the eligibility type, in the "**Group**" field write/type the name of the employer or the entity. If you join through The Center for Community Self-Help, type "Center for Community Self-Help".
- If you choose "**Family**" as the eligibility type, in the "**Group**" field write/type Spouse, Parent, or Children.

Authorized Signature & Date

The business authorized signer should sign and date the application after reading the "**Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) – Regulation GG**" and the "**MSB Certification**" clause.

Corporate/Business/Entity Resolution and signature Authority

A. Business/Organization (Account Holder):

Complete section (A) of the "Corporate/Business/Entity Resolution and Signature Authority" form in its entirety by entering your entity's name, address, tax ID, and phone number. Under "Ownership Type" select the applicable entity type.

B. Names of Authorized Signer(s) on the Account

List the names and title of each authorized signers. Each authorized signer listed in this section should sign in the space marked as "Signature".

C. This Section Only for Corporations and Incorporated Associations

If you are a corporation or an incorporated association list the name of your Business/Organization, date and sign this section. If you are not a corporation or an Incorporated Association continue to section (D).

D. This Section is for Partnerships, Limited Partnerships, Unincorporated Associations, Limited Liability Companies (LLC & PLLC), and Sole Proprietorships

If your entity is not a Corporation or an Incorporated Association complete section (D).