



STERLING & FORT MORGAN FEDERAL

Credit Union

BUSINESS ACCOUNTS

New Account  Change Signers

Member No: \_\_\_\_\_

**Business Information:**

**Business Name:** \_\_\_\_\_ **EIN/TIN:** \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Verification: \_\_\_\_\_

**Type of Entity:**

- Corporation
- Sole Proprietorship
- Unincorporated Organization
- Limited Liability Company
- Partnership:
- Association/Club
- D=Disregarded Entity
- General
- Other: \_\_\_\_\_
- C=Corporation
- Limited
- P=Partnership
- Limited Liability

**Authorized Signer:**

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relative's Phone #: \_\_\_\_\_ Relative Relationship: \_\_\_\_\_

**Authorized Signer:**

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relative's Phone #: \_\_\_\_\_ Relative Relationship: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relative's Phone #: \_\_\_\_\_ Relative Relationship: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relative's Phone #: \_\_\_\_\_ Relative Relationship: \_\_\_\_\_

**Account Agreement:**

**By Signing Below:** You acknowledge receipt of and agree to the terms and conditions contained in the document entitled Membership Package & Disclosures, and any amendment the Credit Union makes to such document from time to time which are incorporated herein. As part of the terms of the agreement, the undersigned and any/all parties to this agreement hereby agree that the Credit Union may, without prior notice to any such parties or beneficiaries, withdraw funds from this account or any other account with the Credit Union and apply funds to satisfy in part or whole any matured loans, advances, or other indebtedness owed to the Credit Union by the undersigned. You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union to verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency.

(x) \_\_\_\_\_  
Authorized Signer Date

(x) \_\_\_\_\_  
Authorized Signer Date

(x) \_\_\_\_\_  
Authorized Signer Date

(x) \_\_\_\_\_  
Authorized Signer Date

**For Credit Union Use Only:**

**Forms of Primary Identification for Signer**

Driver's License: \_\_\_\_\_  
 State: \_\_\_\_\_ Exp: \_\_\_\_\_

Identification Card: \_\_\_\_\_  
 State: \_\_\_\_\_ Exp: \_\_\_\_\_

Passport: \_\_\_\_\_  
 Country Issued: \_\_\_\_\_ Exp: \_\_\_\_\_

U.S. Military: \_\_\_\_\_  
 Type: \_\_\_\_\_ Exp: \_\_\_\_\_

**Forms of Secondary Identification for Signer**

Birth Certificate  Joint  Member  Minor Acct:# \_\_\_\_\_

Compay ID Issued to: \_\_\_\_\_ (fingerprint)

Credit Card Issued by: \_\_\_\_\_

Insurance Card Date of Expiration: \_\_\_\_\_

Local Government #(no credit/debit): \_\_\_\_\_

Social Security Card Proof of Address: \_\_\_\_\_

State Government Card  Matches ID  Used Other Form

Student ID

Voter's Registration C/S: \_\_\_\_\_ Chexsystem  Y  N

Other Source: Experian Approved by: \_\_\_\_\_

**Forms of Primary Identification for Signer**

Driver's License: \_\_\_\_\_  
 State: \_\_\_\_\_ Exp: \_\_\_\_\_

Identification Card: \_\_\_\_\_  
 State: \_\_\_\_\_ Exp: \_\_\_\_\_

Passport: \_\_\_\_\_  
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Student ID

Voter's Registration C/S: \_\_\_\_\_ Chexsystem  Y  N

Other Source: Experian Approved by: \_\_\_\_\_

**OFAC:**  All Passed  Failed

If Failed, Who? \_\_\_\_\_

If Failed, Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reg CC Hold**  Y  N

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# BUSINESS INFORMATION SURVEY

Estimated monthly CASH deposits \$ \_\_\_\_\_

Estimated monthly CASH withdrawals \$ \_\_\_\_\_

Approximately how many checks will be deposited per month? \_\_\_\_\_

What is the nature of the Business? \_\_\_\_\_

Will any source of Funds come from any form of a Marijuana Business?  Yes  No

Will the business have a Direct Deposit?  Yes  No

If yes, estimated amount? \$ \_\_\_\_\_ From Where? \_\_\_\_\_

Will the Business have any other ACH Credits/Debits? Yes  No

If yes, please explain \_\_\_\_\_

Will the Business be sending or receiving wires?  Yes  No

If yes, Frequency?  Weekly  Monthly  Annually

Estimated Amount? \$ \_\_\_\_\_

To Where? \_\_\_\_\_

These Statements are true and correct to the best of my knowledge.

X \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

## For Credit Union Use Only

### ASSESSMENT

Credit Report Concerns for signers (Credit may not have been ran if signers are an existing member)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIN Variations:  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

How did you verify the TIN? \_\_\_\_\_

Have all business documents been obtained?  Yes  No

If No, Explain: \_\_\_\_\_

Overall Risk Assessment  Low  Medium  High