



California New Business Account Documentation Guide

Ownership Type

Documentation Needed

Sole Proprietor/DBA

(an unincorporated business owned by one individual or a husband and wife)

1. **Fictitious Business Name Statement (DBA Form)**
 Stamped by County Recorder Office
 Required if business name does not have first and last name of member
 -AND-
2. **Employer Identification Number (EIN)**
 Required only if business is not using sole proprietor's SSN

General Partnership

(an unincorporated business Owned by two or more people)

1. **Partnership Agreement**
 -AND-
2. **Fictitious Business Name Statement (DBA Form)**
 Stamped by County Recorder Office
 Required if partnership does not include both members' first/last names
 -AND-
3. **Employer Identification Number (EIN)**

Limited Liability Company (LLC)

(a special kind of company that shares characteristics of a corporation and a partnership)

1. **Articles of Organization**
 Must contain "Filed" and Date Stamp from CA Secretary of State
 -AND-
2. **Statement of Information or Copy of Operating Agreement**
 Statement of Information must be filed within 1-2 years of the establishment of the LLC.
 -AND-
3. **Employer Identification Number (EIN)**

Limited Liability Partnership (LLP)

(these entities are neither LLC's or General Partnerships)

1. **Certificate of Limited Partnership**
 Must contain "Filed" and Date Stamp from CA Secretary of State
 -AND-
2. **Employer Identification Number (EIN)**

Corporation (Inc.)

(an entity created by law, limiting liability to corporate assets. Ownership is evidenced by shares of stock and operated officers elected by a Board of Directors)

1. **Articles of Incorporation**
 Must contain "Filed", File #, and Date Stamp from CA Secretary of State
 -AND-
2. **Certificate of Incorporation**
 Certificate is issued upon filing articles – File # must match # on Articles
 -AND-
3. **Statement of Information**
 Must contain Sec. of State certification and names of corporate officers Must be filed within 3 months of registering a new corporation
 -AND-
4. **Corporation Bylaws**
 -AND-
5. **Employer Identification Number (EIN)**

Unincorporated Association

(an organization of two or more persons organized to promote a common interest)

1. **Registration of the Association with the appropriate governing entity or Articles of Association**
 -OR-
2. **By-laws may be used in place of Articles of Association and/or registration with the appropriate governing entity.**
 -AND-
3. **Employer Identification Number (EIN)**

Additional Documents (Optional)

1. **Copy of 501C Documentation (Certificate as a Non-Profit)**
2. **FTB Form 3500 (For State Tax Exemption)**
3. **Statement & Designation by Foreign Corp. (Non-CA Corp doing business in CA)**



BUSINESS ACCOUNT QUERY

To help the government fight financial crime, Federal regulation requires certain financial institutions, including banks and credit unions, to obtain, verify, and record information about the legal entity (business). Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute these crimes. This form must be completed by the person opening the new account on behalf of a legal entity (business).

BUSINESS ENTITY INFORMATION

Business Name/Account Title _____

Business Tax Identification Number _____

Name and Title of Individual Opening Account on Behalf of Business Entity _____

Business Address _____

NAICS / SIC Code and Category _____

BUSINESS ENTITY TYPE

- Sole Proprietorship Corporation LLC (Limited Liability Company) General Partnership Non-Profit Corporation
- Unincorporated Non-Profit LLP (Limited Liability Partnership) Unincorporated Association DBA (Doing Business As)

1. Geographical area the business services are provided to customers: Citywide Statewide Nationwide International

If international, which countries? _____

2. Does the business have a store front location? Yes No

3. Does the business conduct transactions with customers on the Internet? Yes No

If so, will the business be collecting payments through a third-party website, such as Paypal? Yes No

Does the business have its own website? Yes No Please provide web address: _____

4. Will anyone other than the account holder(s) be making deposits, withdrawals and/or transactions to this account? Yes No

If yes, identify who (select all that apply).

Family Member Employee/Personal Assistant Courier/Runner Automatic Deposits All Others: _____

Print name(s) of authorized signer(s): _____



5. Describe the nature of the business (industry, services offered and please BE SPECIFIC as to which industry and service is offered by the business).

6. Are any of the authorized signers or principal business owners (whether signer or non-signer) a non-resident alien? Yes No

7. Are any of the authorized signers or principal business owners (whether signer or non-signer) a senior foreign political figure?

Yes No

8. List all authorized signers or principal business owners (whether signers or non-signers) who are non-resident aliens, politically exposed persons, senior foreign political figures or relatives/associates of senior foreign political figures and describe the nature of their relationship: (Non-resident alien, foreign government official, foreign military official, foreign government-owned business entity, close associate, family member, other – be specific) _____

9. Do the signer(s) have any affiliation with any other membership that currently have an account with SBCU Yes No

If Yes, please specify: _____

10. Are there any additional investors owning more than 20% shares not listed as an account signer? Yes No

If so, please provide name(s) _____

11. Does the business buy or sell products/services in/from countries outside the United States? Yes No

If so, what countries? _____

SOURCE OF FUNDS

12. What is the source of funds to start the business-what is the source of the start-up funds? _____

13. Any "angel investors" or "silent partners" not listed above? Yes No

14. What is the primary source of funds for the business? (i.e. Rental Payments, Cash Purchases, Payment for Services Rendered, etc.)

15. How will the business receive payment from its customers? Credit Card Cash Check ACH Wire Other

16. Explain how the funds deposited and withdrawn from this account will be used: _____



ANTICIPATED ACCOUNT ACTIVITY

17. Will the business have regular currency (cash) deposits and withdrawals? Yes No

Monthly currency deposits Amount \$: _____

Monthly currency withdrawals Amount \$: _____

18. Will the business account have regular ACH activity? Yes No

If yes, what type of ACH? Payroll Taxes Other:

Will any process of the ACH be handled by a third party vendor? Yes No If Yes, please specify:

Monthly ACH Incoming Amount \$: _____

Monthly ACH Outgoing Amount \$: _____

19. Please indicate the average annual gross income of the business below.

\$1 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - over

20. Please list any other source of income that may or may not be connected to this business:

21. Will the business be sending or receiving wires? Yes No

Monthly Domestic Wires In Amount \$: _____

Monthly Domestic Wires Out Amount \$: _____

Monthly International Wires In Amount \$: _____

Monthly International Wires Out Amount \$: _____

If the business will be sending or receiving International Wires, please list the country or countries originating or receiving the funds: _____

UNLAWFUL INTERNET GAMBLING NOTICE

Restricted transactions as defined in Federal Reserve Regulation GG are prohibited from being processed through this account. Restricted transactions generally include, but are not limited to, those in which credit, electronic fund transfers, checks, or drafts are knowingly accepted by gambling businesses in connection with the participation by others in unlawful Internet gambling. By signing below, I certify that _____ (Business Name) does not engage in unlawful gambling business activities.



CERTIFICATION

I, _____ (name of person soliciting to open account on behalf of business), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Applicant Signature _____ Date _____

Print Name of Associate that Conducted Review

Signature of Associate that Conducted Review



Business Membership Application & Agreement New Revised
Sole Proprietor/General Partnership/Corporation/Unincorporated Association/LLC/LLP

Member Number: _____

Business Name: _____ TIN/EIN: _____ Type of Accounts: (check all that apply)

Physical Address: _____ Savings

Primary Phone: _____ Email: _____ Checking

Codeword: _____ Primary contact: _____ Money Market

Charter date: _____ Other _____

CERTIFICATION/RESOLUTION By signing below, I/we certify (check one)

I am/my spouse and I are the sole owner(s) of the Sole Proprietorship requesting and depositing funds to this/these account(s).

We are all partners of the General Partnership (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked.

I am/We are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked. This is not a fiduciary account (such as an attorney-client trust account).

I am/We are all partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked. This is not a fiduciary account (such as an attorney-client trust account).

I/We certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial Institution accounts. I/We agree on behalf of the named business entity to all terms stated on this card and separate account agreements provided to me/us.

Signature _____ Signature _____

Signature _____ Signature _____

Check here if this business entity's partnership or operating agreement allows less than all partners of general partnership, joint venture or LLP, or less than all managers or officers of a limited liability company to open financial institution accounts, all such partners or managers or officers have signed this certification.

TIN/EIN CERTIFICATION My/our signature(s) on this document certify under the penalty of perjury that:

- (1) That the number shown on this Deposit Agreement is my/our correct taxpayer/employer identification number, and
- (2) That I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service that I am/we are subject to backup withholding as a result of a failure to report all interests or dividends, or (c) the Internal Revenue Service has notified me/us that I am/we are no longer subject to backup withholding.

CAUTION: If you are subject to Backup Withholding, please strike out the language in item (2) above. I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

RESOLUTION BY CORPORATION/UNINCORPORATED ASSOCIATIONS (only complete if Corporation/Unincorporated Association)

Resolved that _____ (list the name of each signer) is/are authorized to open and maintain accounts with South Bay Credit Union as indicated on this card. A copy of which has been presented to the meeting of the directors/offices of _____ (name of entity). Further resolved, that the persons identified as authorized signers on this card are authorized to conduct all business on financial institution accounts for this entity, including but not limited to (1) opening accounts, closing accounts, and (3) depositing and withdrawing funds consistent with indicated signature authorizations.

Certification: I certify that: (1) I am the Secretary of this corporation or unincorporated association, (2) the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on _____ at _____ (city) _____ (state), and (3) these resolutions remain in effect and have not been modified.

Executed on _____ (date) at _____ (city) _____ (state).

Secretary's Signature

Print Secretary's Name

AUTHORIZED SIGNER(S) PERSONAL INFORMATION

Name 1 _____ ID (DL, Passport) _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Email _____
DOB _____ Mother's Maiden Name _____
Employer _____ Occupation _____ Annual Income \$ _____

Name 2 _____ ID (DL, Passport) _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Email _____
DOB _____ Mother's Maiden Name _____
Employer _____ Occupation _____ Annual Income \$ _____

Name 3 _____ ID (DL, Passport) _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Email _____
DOB _____ Mother's Maiden Name _____
Employer _____ Occupation _____ Annual Income \$ _____

Name 4 _____ ID (DL, Passport) _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Email _____
DOB _____ Mother's Maiden Name _____
Employer _____ Occupation _____ Annual Income \$ _____

IMPORTANT INFORMATION- READ BELOW

By signing this document I/we certify that: (1) The information provided in this application is accurate and true; (2) I/we have received the Membership and Rate/Fee Disclosure and are in agreement with terms and conditions outlined in the below mentioned disclosures and any other material pertaining to the account; (3) You have permission to use information provided in this application for member identification purposes as the Credit Union deems necessary; (4) I/we give authorization to obtain/furnish information from/to Credit Bureau and Check Systems for marketing, pre-approval and/or collection purposes; (5) I/we understand that deposits in the Credit Union are insured to \$250,000 per account by American Share Insurance and that this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government; (6) I/we understand the Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. The Credit Union may, however, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, or from any other share account attached to this membership account. (7) By signing below you choose to receive the Important Account Information for our Members Disclosure and Electronic Fund Transfers Disclosure (each contains important information regarding Credit Union products, services and account holder(s) legal rights) via electronic means through southbaycu.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT INFORMATION

By signing this document, I/we authorize South Bay Credit Union to obtain information regarding identity, credit history, and other banking history from a consumer reporting agency. I/we understand that this information will be used in conjunction with the request to open or modify a deposit account being submitted by _____ on which I/we will be an authorized signer. I/we further understand if information in the credit report results in a decision to either disallow signing authority on the account or disallow opening the account, South Bay Credit Union will communicate this fact to owners and/or authorized signers of the (proposed) account. I/we further authorize South Bay Credit Union to obtain such information at any time from one or more consumer reporting agencies that it may choose as long as I am/we are an authorized signer on the account.

Authorized Signers:

Print Name	Signature	Title	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____