

Business and Entity Account Screening Interview

Business Name and EIN:	
DBA:	
If the member resides outside the Credit Union's footprint, what is the primary reason for opening the account?	New to the area Temporary Residence Lives within Credit Union's footprint Work/Business in Area School/Student in Area
Is there a physical business location?	Yes No
Does the business have any non-US offices?	Yes (Please identify countries) No
What type of entity is the Business?	Campaign Account Corporation Non-Profit Corporation Profit Estate Limited Liability Other Recreation/Club Revocable Trust Sole Proprietorship Trust Partnership
Primary Business Purpose:	
What are the primary products and/or service offered by the business?	
What Locations and Markets does the business provide services	<input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Regional <input type="checkbox"/> Nationwide <input type="checkbox"/> International
For businesses only, list the North American Industry Classification System (NAICS) code:	
What is the primary Business Account Purpose?	<input type="checkbox"/> Operating Funds <input type="checkbox"/> Payroll Only <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Savings - General <input type="checkbox"/> Non-Profit <input type="checkbox"/> IOLA/IOLTA Escrow <input type="checkbox"/> Rental Escrow <input type="checkbox"/> Political Campaign <input type="checkbox"/> Estate Settlement <input type="checkbox"/> Burial/Prepaid Funeral <input type="checkbox"/> Other
What is the initial source of the opening deposit?	Business Operations Payroll/Employment Estate/Trust Govt Funding Retirement/Disability Inheritance/Gift Investments Legal/Insurance Settlement Recreation/Club Account Rental Property Royalties Sale of Property/Business Savings Other
List funds source (Name of Financial Institution) and description of funds:	

What will be the primary ongoing source of funding for the account?	<input type="checkbox"/> Business Operations <input type="checkbox"/> Payroll/Employment <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Govt Funding <input type="checkbox"/> Retirement/Disability <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Investments	<input type="checkbox"/> Legal/Insurance Settlement <input type="checkbox"/> Recreation/Club Account <input type="checkbox"/> Rental Property <input type="checkbox"/> Royalties <input type="checkbox"/> Sale of Property/Business <input type="checkbox"/> Savings <input type="checkbox"/> Other (please list)
What percentage of the business/entity's revenue is in cash?	<input type="checkbox"/> 0 – 25 <input type="checkbox"/> 26 - 50 <input type="checkbox"/> 51 - 75 <input type="checkbox"/> 76 - 100	
Year business/entity was established:	Country/State Incorporated, Registered or Licensed:	
If the entity is a charitable organization (Corporation Non-Profit), what type is it?	<input type="checkbox"/> Wild or Domestic Animal Advocacy <input type="checkbox"/> Environmental <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Govt Funding	<input type="checkbox"/> Health and Medical <input type="checkbox"/> Human Rights/Humanitarian <input type="checkbox"/> Rental Property <input type="checkbox"/> Royalties
If the entity is a charitable organization (Corporation Non-Profit), what is the primary source of contributions/ funding/donations?	<input type="checkbox"/> US Only <input type="checkbox"/> Foreign Countries Only	<input type="checkbox"/> US and Foreign Countries
Is this a Money Services Business (MSB)? Does it provide MSB-type services, such as: Currency exchange, sales of traveler's checks, money orders, stored value cards, check cashing or money transfers on behalf of others?		Yes No
Does the business own and or operate/service ATM machines?		Yes No
Is the business a Third-Party Payment Processor? Does it provide payment processing services to merchants and other business entities? (Paypal and Square are examples of third-party payment processors. Is this a business like Paypal or Square?)		Yes No
Does the business use the Internet to receive or send information that could be used to place bets or facilitate in any way the placing of bets (Internet gambling)?		Yes No
Does the business engage in any activity or provide a service related to the investment, cultivation, operations or sale of marijuana? Does it derive any percentage of their revenue by dealing with other businesses related to marijuana? (If yes, account cannot be opened)		Yes No
Does the business engage in any activity or provide a service related to the investment, cultivation, operations or sale of hemp or CBD? If Yes, additional documentation will be required.		Yes No

Does the business/entity expect to originate and/or receive International Wire Transfers?	Yes (to which primary country/countries)			
	No			
If originating or receiving International Wire Transfers, what is their primary purpose?	Business Funding	Charitable Donation		
	Educational Assistance/ Tuition	Family Member Assistance		
	Investment	Loan Payment/Payoff		
	Purchase of Goods/ Supplies	Real Estate Transaction		
	Transfer to Financial Institution	Other (describe)		
If originating or receiving International Wire Transfers, what is the primary relationship between sender and beneficiary?	Charitable	Educational Institution		
	Estate/Trust	Family Member		
	Financial Institution/Self	Investment/Insurance Agent		
	Lender/Settlement Agent	Real Estate		
	Vender/Seller/Purchaser of Merchandise	Other (describe)		
Total amount of incoming international wires expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of outgoing international wires expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of incoming domestic wires expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of outgoing domestic wires expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Is the account being opened, in whole or in part, in cash? If so, select the amount.	Less than \$3,000		\$3,001 - \$10,000	
	Greater than \$10,000			
Are frequent (3 or more times per week) cash deposits into the account expected?	Yes	No		
Total amount of cash deposits expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of cash withdrawals expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of incoming ACH/direct deposit/electronic transfers expected monthly	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			
Total amount of outgoing ACH/electronic transfers expected monthly:	None	\$1 - \$3,000	\$3,001 - \$10,000	\$10,001 - \$50,000
	>\$50,000			



CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

1. Name and Title of Natural Person Opening Account:
2. Name, Type and Address of Legal Entity for Which the Account is Being Opened:
3. 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 or the legal entity listed above:

Name	Ownership%	Date of Birth	Address (Residential or Business Street)	Social Security No. (For U.S. Persons) ¹	Identification No. (For Non-U.S. Persons) ²

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

(If appropriate, an individual listed above may also be listed in this section)

Name	Ownership%	Date of Birth	Address (Residential or Business Street)	Social Security No. (For U.S. Persons) ¹	Identification No. (For Non-U.S. Persons) ²

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify the final institution of any change in such information.

X _____
Natural person opening account

Date

Title

¹U.S. persons must provide a social security number.

²Non-U.S. persons must provide a social security number, passport number and country of issuance, or similar identification number. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



CIP Documentation for Authorized Signers

Name of Business:

Business Address:

Primary Account Phone:

Primary Account Email:

Identifying Information for Authorized Signer #1

Authorized Signer Name:		
Date of Birth:	SSN/TIN:	
Identification Document Type:		
Driver's License:	State ID:	Passport: Other:
ID Number:	State or Country of Issue:	
Issue Date:	Expiration Date:	
Physical Address (No PO Box Numbers):		
City:	State:	Zip:
Alternative Mailing Address (If applicable):		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Employer:	Occupation:	

Identifying Information for Authorized Signer #2

Authorized Signer Name:		
Date of Birth:	SSN/TIN:	
Identification Document Type:		
Driver's License:	State ID:	Passport: Other:
ID Number:	State or Country of Issue:	
Issue Date:	Expiration Date:	
Physical Address (No PO Box Numbers):		
City:	State:	Zip:
Alternative Mailing Address (If applicable):		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Employer:	Occupation:	

Identifying Information for Authorized Signer #3

Authorized Signer Name:		
Date of Birth:	SSN/TIN:	
Identification Document Type:		
Driver's License:	State ID:	Passport: Other:
ID Number:	State or Country of Issue:	
Issue Date:	Expiration Date:	
Physical Address (No PO Box Numbers):		
City:	State:	Zip:
Alternative Mailing Address (If applicable):		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Employer:	Occupation:	

Identifying Information for Authorized Signer #4

Authorized Signer Name:		
Date of Birth:	SSN/TIN:	
Identification Document Type:		
Driver's License:	State ID:	Passport: Other:
ID Number:	State or Country of Issue:	
Issue Date:	Expiration Date:	
Physical Address (No PO Box Numbers):		
City:	State:	Zip:
Alternative Mailing Address (If applicable):		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Employer:	Occupation:	