



Account #

SOLE PROPRIETORSHIP MEMBERSHIP APPLICATION

Section 1 – General Member Information

Name of Business:	
Business Address:	Business TIN:
	Phone:
Business email:	Fax:
Member (Owner) Name:	
Home Address:	SSN:
	Phone:
Driver's License:	Birth Date:

Section 2 - Account Types

The above-named member (or applicant for membership) hereby applies to open a Business Share (Savings) Account for his/her sole proprietorship in the Credit Union, and to receive each of the services checked below:

- | | |
|--|---|
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Business Certificate Account |
| <input type="checkbox"/> Business Money Market Account | <input type="checkbox"/> ATM/Debit Card |
| <input type="checkbox"/> Home Banking/Direct Connect | <input type="checkbox"/> Merchant Processing Service |
| <input type="checkbox"/> Commercial Loan | <input type="checkbox"/> Visa Business Cards |

Section 3 – USA PATRIOT Act Notice

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the financing 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 for the above named business, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you as the owner of the business, or any person designated as a signatory upon the account by you as owner. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

Section 4 – Unlawful Internet Gambling Enforcement Act Notice

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

Section 5 - Application For Membership (if applicable) and Account(s)

Unless already a member, I hereby apply for membership at Public Service Credit Union. I hereby apply for an account(s) for my sole proprietorship and agree to the terms and conditions of the Membership / Account Agreement for Businesses and Other Entities. I further agree that the Credit Union may change any term or provision of said Agreement upon thirty (30) days notice or such shorter notice period as may be required in order to comply with a change in applicable laws or regulations. I agree to abide by the Bylaws, Policies and Procedures of the Credit Union. I warrant and represent that the above-named business is validly existing and in good standing in the State of Michigan, that I as owner have the authority to bind the above-named business to this Agreement, I authorize the Credit Union to verify or obtain further information as it may deem necessary concerning the entity and me, including the use of reports obtained from consumer reporting agencies and in accordance with the Credit Union's Member Identification Program pursuant to the USA PATRIOT Act. I acknowledge that the provision of all financial services to the business by the Credit Union is subject to qualification and approval.

Section 6 - T.I.N. Certification and Backup Withholding Information

INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you or the business is subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding requirement has terminated, you must strike out the language in clause 2 of the certification below.

Under the penalties of perjury, the undersigned certifies that (1) the Taxpayer Identification Number (T.I.N.) shown on this form is the correct T.I.N. of the business named above ; **and** (2) you or the business is not subject to backup withholding because: (a) you and the business are exempt from backup withholding, or (b) you or the business has not been notified by the Internal Revenue Service (IRS) that you or the business is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you or the business that you and the business are no longer subject to backup withholding; **and** (3) you and your business are both U.S. entities. **The IRS does not require you to consent to any provision of this document other than the certifications to avoid backup withholding.**

 X _____
Signature Title Date

If I have executed a separate document to authorize other individuals to sign checks or otherwise transact business on behalf of the sole proprietorship named above, I agree that such authorization shall remain in effect, and the Credit Union may rely on it, until the Credit Union has received actual written notice that it is not to rely on it.

The member named above as owner hereby authorizes the Credit Union to obtain a credit report on such member.

Agreed to by the member named above as owner of the sole proprietorship.

Owner Signature

(For Credit Union Use Only)

Membership/Account approved on: _____ by _____.

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Assumed Name papers (DBA)



MEMBERSHIP / ACCOUNT AGREEMENT FOR BUSINESSES AND OTHER ENTITIES
(SOLE PROPRIETORSHIPS)
SIGNATURE CARD

Name of Business:
TIN of Business:
Account Number of Business:

The following individuals are authorized as specified in the Resolutions Section below to transact business with Public Service Credit Union on behalf of the above-named business:

Authorized Signature	Printed Name	Title
Address	Driver's License or State ID #	Social Security #
City, State, ZIP	Home Phone	Email

Authorized Signature	Printed Name	Title
Address	Driver's License or State ID #	Social Security #
City, State, ZIP	Home Phone	Email

Authorized Signature	Printed Name	Title
Address	Driver's License or State ID #	Social Security #
City, State, ZIP	Home Phone	Email

Authorized Signature	Printed Name	Title
Address	Driver's License or State ID #	Social Security #
City, State, ZIP	Home Phone	Email

Such authority shall remain in effect until actually terminated by me by written notice to the Credit Union. Such notice is effective when received by the Credit Union.

Owner: _____ Date: _____

Commercial Member Due Diligence (CDD) Questionnaire

1. Business Name: _____
2. NAICS Code: _____
3. How long have you owned this business? ____years ____ months
4. How long have you managed this business? ____years ____ months
5. Does your business place receive or otherwise knowingly transmit any bets or wagers by any means? ____yes ____no. If yes, does such activity by your company involve in any way the use of the Internet? ____yes ____no
6. What percentage of your gross revenue is derived from money services (for example, check cashing, selling or redeeming traveler's checks, money transmission)? _____
7. Are you registered as a Money Service Business (MSB) with FinCEN? ____yes ____no
8. List each of your owned business locations below.

9. Describe your USA market area and customer base. Check all that apply.
 - Local county residents
 - Local statewide residents
 - Multi-state area residents
 - USA citizens
 - International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services. _____
10. List each agent or franchise that provides services under an agreement with your firm.

11. What types of state business license do you hold?
 - General business license
 - Special purpose business license
 - Check Cashing business license
 - Money Transmitter business license
 - Other Business license _____
12. What types of banking services do you expect to use at our financial institution on a monthly basis?
 - Currency deposits or withdrawals Number ____ Average Amount ____
 - Check deposits Number ____ Average Amount ____
 - US currency exchanges Number ____ Average Amount ____
 - Domestic wire services Number ____ Average Amount ____
 - International wire services Number ____ Average Amount ____
 - Receipt of ACH transactions Number ____ Average Amount ____
 - Internet banking services Number ____ Average Amount ____
 - Privately-owned ATM's Number ____ Average Amount ____
 - Purchase of official checks or other negotiable items Number ____ Average Amount ____
13. Which branches do you intend to use in the conduct of your business?
 - Romulus
 - WCCCD
 - Millender
 - Sumpter
 - Cadillac
 - Service Center locations

Business Representative Completing the Questionnaire: _____
(Printed Name)

Signature

Title / Date