Dakota Plains Federal Credit Union

Business Membership Application & Agreement

Business Name	Membership Number

Account Type(s): ☐ Business Share _____ ☐ Business Basic Checking ☐ Business Plus Checking ☐ Business Analysis Checking ☐ Business Money Market ☐ Business Term Certificate

Business Classification: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Limited Liability Company/PLLC ☐ Corporation ☐ Limited Partnership ☐ Unincorporated Association ☐ _____

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Account Owner Information

Business Name			Doing Business As		
Business Address		Apt/Box	City	State	Zip
Mailing Address		Apt/Box	City	State	Zip
Business Telephone Number	Business Fax Number	Business E-Mail Address		Social Security Number/Employer Identification Number	

Business Owner/Officer 1 Information

Full Name			Title	% Ownership
Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date		Employer	Occupation

Business Owner/Officer 2 Information

Full Name			Title	% Ownership
Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date		Employer	Occupation

Business Owner/Officer 3 Information

Full Name			Title	% Ownership
Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date		Employer	Occupation

Business Owner/Officer 4 Information

Full Name			Title	% Ownership
Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date		Employer	Occupation

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VISA Debit Card/Mobicint/Mobile Deposit

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account.

You would like:

☐ VISA Debit Card ☐ Mobicint ☐ Mobile Deposit

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Authorized Signers

Unless We receive written instruction to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this Application and receive any and all account information now or in the future. Dakota Plains Federal Credit Union is authorized to pay out funds to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Authorized Signer 1 Information

First	Last	M.I.	Suffix	Title

Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip

Home Phone	Business Phone	Cell Phone	E-Mail Address	Birth Date

Social Security Number	Driver's License Number/State/Exp. Date/Issue Date	Employer	Occupation

Specimen Signature

Authorized Signer 2 Information

First	Last	M.I.	Suffix	Title

Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip

Home Phone	Business Phone	Cell Phone	E-Mail Address	Birth Date

Social Security Number	Driver's License Number/State/Exp. Date/Issue Date	Employer	Occupation

Specimen Signature

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Authorized Signer 3 Information

First	Last	M.I.	Suffix	Title

Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip

Home Phone	Business Phone	Cell Phone	E-Mail Address	Birth Date

Social Security Number	Driver's License Number/State/Exp. Date/Issue Date	Employer	Occupation

Specimen Signature

Authorized Signer 4 Information

First	Last	M.I.	Suffix	Title

Physical Address	Apt/Box	City	State	Zip
Mailing Address *(if different than above)*	Apt/Box	City	State	Zip

Home Phone	Business Phone	Cell Phone	E-Mail Address	Birth Date

Social Security Number	Driver's License Number/State/Exp. Date/Issue Date	Employer	Occupation

Specimen Signature

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify that: (1) The number shown on this form is Your correct taxpayer identification number (or You are waiting for a number to be issued to You); and (2) You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding; (3) You are a U.S. citizen or other U.S. person (defined below); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

Certification instructions. You must cross out item 2 above if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return.

Definition of a U.S. person. For federal tax purposes, You are considered a U.S. person if You are:
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations 26 CFR § 301.7701-7).

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting) which can be obtained from a Credit Union representative or the IRS.

Overdraft Protection Sequence (if opening a Share Draft Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account identified below in the order specified.

Priority	Source	Loan/Sub Account
1st		
2nd		
3rd		

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Internet Gambling Due Diligence Certification

By affixing Your signature immediately below, You are certifying to the Credit Union that You ***DO NOT ENGAGE*** in an internet gambling business as more particularly described in Title 12, Part 233 (Regulation GG), and that in the event such status changes, You will immediately provide the Credit Union with: (i) written evidence of Your legal authority to engage in an internet gambling business; and (ii) a written commitment to inform the Credit Union if there are any changes to such authority. Transactions restricted by regulation are prohibited from being processed through the Account or relationship established under this application.

Business Owner/Officer #1 Signature	Date	Business Owner/Officer #2 Signature	Date
Business Owner/Officer #3 Signature	Date	Business Owner/Officer #4 Signature	Date

By affixing Your signature immediately below, You are certifying to the Credit Union that You ***DO ENGAGE*** in an internet gambling business, and that You will provide the Credit Union with: (i) written evidence of Your legal authority to engage in such business; and (ii) a written commitment to inform the Credit Union if there are any changes to such authority. Transactions restricted by regulation are prohibited from being processed through the Account or relationship established under this application.

Business Owner/Officer #1 Signature	Date	Business Owner/Officer #2 Signature	Date
Business Owner/Officer #3 Signature	Date	Business Owner/Officer #4 Signature	Date

Signatures

You hereby apply for membership with Dakota Plains Federal Credit Union. You warrant that You are authorized to apply for such membership and establish such Account(s), and You further warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Dakota Plains Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition or deletion of Authorized Signer(s) of Your Account(s). Your signature below is Your continuing authorization for Dakota Plains Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s). You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

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

Business Owner/Officer #1 Signature	Date	Business Owner/Officer #2 Signature	Date
Business Owner/Officer #3 Signature	Date	Business Owner/Officer #4 Signature	Date

Credit Union Use Only

Date of Membership_____ Opened by_____ Employee_____ Debit Card_____

☐ Credit Report ☐ OFAC ☐ Checks Ordered ☐ Qualifile ☐ Card Ordered
☐ Mobicint ☐ Mobile Deposit ☐ Paper Statements

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