

NEW BUSINESS

Account Questionnaire



As part of our member identification process and to insure we maintain the proper security for your account, please complete the following information.

Member #: _____ **Branch:** _____

Business Information		
Legal Name of Business:		
Legal Address of Business:	Email address:	
Nature of Legal Business:	Website Address:	
Description of Products or Services Sold:	NAISC Code:	
Business Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Lodge / Association <input type="checkbox"/> Partnership (LLP)		
Date established:	Number of Employees:	Number of Locations:
Annual Gross Sales/Revenue for Last Year: \$		Type of Account (s):
Amount of Opening Deposit:	Source of Funds: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Internal Transfer From Account #:	

Money Services Business Activity	
Activity	Yes/No
Will you cash checks for people?	
Do you perform wire transfer services?	
Will you sell money orders?	
Do you operate a network/bank owned ATM?	
Do you/will you operate a privately owned ATM?	
Do you offer Bill Pay services?	

International Activity	
Does your company do business internationally? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list the countries your business engages with:	
Do you initiate or accept international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what is your anticipated monthly international wire transfer activity:	
International Wire Transfer In:	
International Wire Transfer Out:	

Deposit/Withdrawal Activity (Routinely Made)	
Types of Deposits	<input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ATM/Debit <input type="checkbox"/> ACH <input type="checkbox"/> Wire Transfers: Domestic or Foreign
Types of Withdrawals	<input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ATM/Debit <input type="checkbox"/> ACH <input type="checkbox"/> Wire Transfers: Domestic or Foreign

What is your anticipated monthly activity for each of these transaction types?	
Transaction Type	Monthly Amount
Cash	
Check	
ACH Debit/Credit	
Wire Transfer In	
Wire Transfer Out	

The information I have provided is correct to the best of my knowledge.	
X _____ (Signature of authorized signer/owner/partner)	
Date _____	

BUSINESS ACCOUNT

Opening Checklist



Use the following checklist to gather information we'll need from you to open a business account. We'll need information about yourself and any other owners or authorized signers for your company.

All business types need to provide the following:

- A valid drivers license (or government issued ID) and Social Security numbers for all individuals who wish to be authorized to transact business on behalf of the company and/or be authorized signers on the account.
- The Employer Identification Number (EIN) or Federal Tax ID Number registered to your business. To request an EIN, call 1-800-829-4933 or visit <http://www.irs.gov>.
- Legal documentation that shows when the company was formed, filing with Secretary of the State of Minnesota. Visit www.sos.state.mn.us for more information on this documentation.
- Business Account Questionnaire: As a part of our member identification process and to insure we maintain proper security for your account, the following document will need to be completed prior to account opening. First Alliance reserves the right to deny any money service accounts.

Required information by company type:

Sole Proprietorships

- Certificate of Assumed Name (if applicable)

Limited Liability Companies (LLC)

- Articles of organization
- Member control agreement/operating agreement

Corporations

- Articles of incorporation
- Corporation by-laws (if applicable)
- Non Profit Corporations require Board of Director Authorization

Unincorporated Lodges, Associations or other entities

- By-laws (if applicable)
- Meeting minutes (if applicable)

Partnerships & Limited Liability Partnerships (LLPs)

- Partnership agreement
- Statement of Qualifications filed with State Filing Office

How to apply:

Call us to schedule an appointment with one of our Member Advisor.

Documentation requirements for your business may be different than stated above based on your business characteristics. Document requirements may change if applicable state and federal regulations change.

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