

BUSINESS MEMBERSHIP APPLICATION & SIGNATURE CARD



Wings Financial Credit Union is required to verify transaction activity on all business accounts. In addition, accounts will not be opened for businesses that conduct certain business practices and/or transactions. This form, along with the additional documents from the enclosed Business Account Worksheet, are required to establish a business account at Wings Financial.

BUSINESS WINGS ID

BUSINESS INFORMATION			
Business Name		Tax ID	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Nature of Business <i>(please be specific)</i>		NAICS Code	
Purpose of Account	Number of Employees	Length of Time in Business	
Business Phone	Area of Business (Local, Statewide, National, International)	State Organized	
What is the Source of Funds for the Opening Account Deposit?			
Do you operate in multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____			
Are any of these locations outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what country/countries? _____			
BUSINESS MEMBERSHIP ELIGIBILITY <small>Please refer to wingsfinancial.com/membership for eligibility information</small>			
<input type="checkbox"/> The business is located in an eligible county.		<input type="checkbox"/> The Owners/Principals of the business are current members of Wings Financial.	
<input type="checkbox"/> The business is located in the Seattle/Tacoma metro area.		<input type="checkbox"/> 50% of the Owners, Principals, Members or Board of Directors are within the Wings Financial field of membership.	
BUSINESS VERIFICATION			
Does the business conduct international transactions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a professional service provider (e.g. lawyer, accountant, investment broker and other third parties who act as an intermediary between their clients and any financial institution)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the business account be used primarily as a payroll account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business provide check cashing services, money transmission (e.g. wire or other transfers), sell prepaid cards or operate or service ATM machines?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business offer gambling of any type to customers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business considered a cannabis related business (CRB)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a cash intensive business (e.g. convenient store, restaurants, retail store, liquor store, cigarette distributor, vending machine operator, parking garage and meters)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business buy or sell motor vehicles?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a FinTech company (e.g. using software/technology to provide financial services)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business considered a third party payment processor (e.g. business processing payments for other businesses/merchants)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a Charitable Organization (e.g. church, professional association, lobby groups)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business considered a nonbank financial institution (e.g. securities and commodities firm, insurance company, loan or finance company, dealer in bitcoin, precious metals, stones or jewels, or pawnbroker)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

MONTHLY ANTICIPATED TRANSACTION ACTIVITY

Will the signer(s) on the account be using Mobile Deposit into the business account? Yes No
 Will you be using a courier or armored car service to complete your cash transactions? Yes No
 Total number of branch visits per month _____

DEPOSITS		WITHDRAWALS			Instructions: <ul style="list-style-type: none"> Provide <u>largest anticipated</u> monthly total Each box must have a value (even if '0') Total combined deposits or withdrawals cannot equal \$0
Cash (at a branch location)	#	\$	#	\$	
Wire Transfers	#	\$	#	\$	
Electronic Transfers (ACH)	#	\$	#	\$	
Checks (Includes Mobile Deposit)	#	\$	#	\$	
ATM	#	\$	#	\$	
Monetary Instrument Purchases (e.g., Cashier's Checks)			#	\$	
Debit Card (includes online purchases)			#	\$	

AGREEMENT, SIGNATURES AND CERTIFICATION OF TAXPAYER ID

By signing below, I certify that I am authorized and the business is eligible to make application for membership of Wings Financial Credit Union. I agree to conform to its bylaws and any amendments thereto and subscribe to at least one share. I also acknowledge receipt of, and agree to, a complete list of rules, regulations and fees concerning the account (Business Account Agreement & Disclosure and Business Savings & Checking Account Disclosure). I certify, under penalty of perjury, that all information furnished on this application is true and correct. The Credit Union is required to and will verify the eligibility and identity of all account applicants by obtaining a debit and/or credit report. The undersigned agrees that the Credit Union is not a party to this account in any way and is not responsible for the disposition of the funds in the account. Any monies may be deposited or withdrawn, subject to the bylaws and rules of the Credit Union, upon any one of the signatures below. In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect being authorized on the account.

Under penalties of perjury, I certify that: 1) The number shown on this form is the correct taxpayer identification number of the business. 2) The business is not subject to backup withholding because (a) it is exempt from backup withholding or (b) it has not been notified by the IRS that it is subject to backup withholding or (c) it has been notified by the IRS that it is no longer subject to backup withholding. Instruction to the Signer: Cross out item 2 above if the business has been notified by the IRS that it is subject to backup withholding because of failure to report all interest and dividends on taxes.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

All Authorized Signers must print their name and sign below:

Authorized Signer Name (please print)	Authorized Signer Wings ID
Authorized Signer Signature X	Date
Authorized Signer Name (please print)	Authorized Signer Wings ID
Authorized Signer Signature X	Date
Authorized Signer Name (please print)	Authorized Signer Wings ID
Authorized Signer Signature X	Date
Authorized Signer Name (please print)	Authorized Signer Wings ID
Authorized Signer Signature X	Date

CU USE
 Opened by #: _____ Date: _____ ChexSystems (BUS) Authorized Signer Info Form(s) Certification of Beneficial Owners Form
 SV # _____ CK # _____ Other # _____ Reviewed by # _____