

# New business account worksheet

All fields are required to open your deposit or loan account

Business Name	Primary phone
DBA	E-mail
Principle Place of Business	NAICS Code
	Number of Employees
<b>Describe Your Business</b>	
<b>Entity Type</b> <input type="checkbox"/> Sole Proprietorship/DBA <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Incorporated Foundation <input type="checkbox"/> Unincorporated Organization	
<b>Account Purpose</b> (check one; describe if other) <input type="checkbox"/> General <input type="checkbox"/> Payroll <input type="checkbox"/> CD <input type="checkbox"/> Other _____ <input type="checkbox"/> Loan Describe purpose of loan _____	
<b>Primary Trade Area</b> (check all that apply) <input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Multi-State <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Internet	

<b>BUSINESS &amp; TRANSACTION INFORMATION</b>			
Please select the range of the anticipated monthly dollar amount of transactions for each of the following categories:			
Cash In	_____	Cash Out	_____
Checks In	_____	Checks Out	_____
Monetary Instruments In	_____	Monetary Instruments Out	_____
Credit / Debit In	_____	ATM / Debit Out	_____
ACH In	_____	ACH Out	_____
Domestic Wire In	_____	Domestic Wire Out	_____
International Wire In	_____	International Wire Out	_____
Mobile Deposit In	_____	International ACH Out	_____
Estimated Monthly Sales/Revenue:		Revenue Type: (check all that apply) <input type="checkbox"/> Checks <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> Wires <input type="checkbox"/> Monetary Instruments	
Does your business cash checks for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the business cash more than \$1,000 per day per individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business accept payment in virtual or digital currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what provider(s)?	
Does your business utilize a 3rd party processor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what processor?	
Source of significant capital?	<input type="checkbox"/> Business loan or line of credit <input type="checkbox"/> Owner's personal funds <input type="checkbox"/> Private investors <input type="checkbox"/> Personal loan or line of credit <input type="checkbox"/> Stock sales <input type="checkbox"/> Business profits & earnings <input type="checkbox"/> Other _____		

# New business account worksheet (cont.)

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BUSINESS & TRANSACTION INFORMATION (CONT.)	
List any significant suppliers and vendors used by your business.	
Does your business provide any of the following services? Yes or No. If yes, please select all that apply:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Check cashing	<input type="checkbox"/> Yes <input type="checkbox"/> No Accept virtual or digital currency
<input type="checkbox"/> Yes <input type="checkbox"/> No Issue, sell, redeem traveler's checks or money orders	<input type="checkbox"/> Yes <input type="checkbox"/> No Currency dealer or exchanger
<input type="checkbox"/> Yes <input type="checkbox"/> No Act as a money transmitter	<input type="checkbox"/> Yes <input type="checkbox"/> No Private ATM
<input type="checkbox"/> Yes <input type="checkbox"/> No Stored value or pre-paid value cards	<input type="checkbox"/> Yes <input type="checkbox"/> No Foreign or offshore business/import/export business
<input type="checkbox"/> Yes <input type="checkbox"/> No Payday loans or title loans	<input type="checkbox"/> Yes <input type="checkbox"/> No Gambling/online or gambling/betting

Will individuals other than the account signers and owners be making deposits on behalf of the business?  Yes  No  
 If yes, a Member Business Services Representative will be contacting you via phone for the following additional information on the individual(s):

- Name
- Address
- Date of Birth
- Social Security Number
- Driver's License or another form of identification - ID number and issue/expiration date will be needed

Please have this information available to provide to the representative.

<b>VACU Use Only</b>	Date Received:	CIF Number:	MBS Relationship Manager:
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