

New business deposit account worksheet

All fields are required to open your account

Business Name											
Describe your Business											
Principal Place of Business											
Primary Trade Area Ch	eck all that apply 🔲 Loo	ocal 🗌 State 🔲 National 📄 Internet									
Account Purpose (check one; describe if other)											
General Payroll Other											
BUSINESS & TRANSACTION INFORMATION											
Please enter the anticipated monthly dollar amount of transactions for each of the following categories: Cash In \$ Cash Out \$ ATM and Debit Card \$ Credit Card In \$											
		International ACH \$									
International Wire In \$ International Wire Out \$											
	Domestic Wire In \$ Domestic Wire Out \$										
Estimated Monthly Sales/Revenue:	\$	Revenue Type: (check all that apply) Checks Credit/Debit Card ACH Cash									
Does your business cash checks for others?	Yes No	If yes, does the business cash more than \$1,000 per day per individual?									
Does your business accept payment in virtual or digital currency?	Yes No	If yes, what provider(s)?									
Does your business utilize a 3rd party processor?	Yes No	If yes, what processor?									
Source of significant capital?											
List any significant customers who utilize your business services.											
List any significant suppliers and vendors used by your business.											

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Does your business provide any of the following types of service which would classify it as a Money Service Business (MSB), currency dealer, or exchange?	Yes	If yes, list all services provided:						
 Check Cashing Issue, sell, redeem traveler's checks, money orders Act as a money transmitter Stored Value products Payday loans Other-describe 								
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 								
Please have this information available to provide to the represe	entative.							

	VACU Use Only	Date Received:		CIF Number:		MBS Relationship Manager:			
		(804) 323-6800 (800) 285-6609		vacu.org	O Visit a bra	anch	Mobile		~
Federally insured by NCUA									