

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
Describe Your Business	
Entity Type <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	
Account Purpose (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 _____	
Primary Trade Area (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	

BUSINESS & TRANSACTION INFORMATION			
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?	
<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
<input type="checkbox"/> Yes <input type="checkbox"/> No Hemp or marijuana related business	

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.

VACU Use Only	Date Received:	CIF Number:	MBS Relationship Manager:
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