

Business Account Assessment



Sole Proprietorship, General Partnership, Limited Or Limited Liability Partnership, Limited Liability Corporation, Corporation, Incorporated Non-Profit Organization or Association, Unincorporated Association or Club Account

THIS FORM MUST BE COMPLETED IN ITS' ENTIRETY PRIOR TO ACCOUNT OPENING

Business/Entity Name:

Mailing Address:

Physical Address:

(Please note: PO Box Holders must furnish physical address as well as mailing address)

Tax Identification Number:

Type of Account(s):

Purpose of Account(s):

Amount of Opening Deposit:

Source of Funds: Check Cash Internal Transfer / Account Number

SIGNATORIES ON BUSINESS ACCOUNT

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BENEFICIAL OWNER(S) OF BUSINESS ACCOUNT

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The identity of all signatories who have control and/or authority over the business account must be verified in accordance with the requirements of our Member/Customer Identification Program (i.e., name, address, tax ID/SSN, telephone number, occupation, identification, etc.).

In addition to documentary verification, the credit union will also require non-documentary verification by independently verifying information through credit reports, public databases and account references from other financial institutions.

Business Account Assessment

ANTICIPATED ACCOUNT ACTIVITY

As a full service Credit Union, we are committed to providing our members with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Number of Deposits:

Type of Deposits: Cash Check ACH Wire ALL

Number of Withdrawals:

Type of Withdrawals: Cash Check ACH Wire ALL

Incoming Wires: Number of: Average Amount: \$

Outgoing Wires: Number of: Average Amount: \$

ATM Transactions: Number of: Branch ATM CO-OP ATM Both

Shared Branch Visits: Number of: Local Shared Branch National Shared Branch Both

Employee Activity: Number of: Employee Check Cashing: Yes No

OTHER ACCOUNT ACTIVITY:

Please check all that apply

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Coin Exchange | <input type="checkbox"/> Business Loans | <input type="checkbox"/> Financial Advisor |
| <input type="checkbox"/> Card Processing | <input type="checkbox"/> Remote Deposit | <input type="checkbox"/> Health Savings Accounts | <input type="checkbox"/> ACH/Payroll Origination |
| <input type="checkbox"/> Payroll Processing | <input type="checkbox"/> Accounting Services | <input type="checkbox"/> Employee Benefits | |

IS THIS BUSINESS INVOLVED IN ANY OF THE FOLLOWING:

Please check all that apply

- Currency dealer or currency exchange
- Check cashing
- Issuer of Traveler's Checks, Money Orders or Stored Value Cards
- Seller or redeemer of Traveler's Checks, Money Orders, or Stored Value Cards
- Money transmitter (courier, wires)
- Buying, selling, exchanging, and/or mining Cryptocurrency
- Own or lease ATM or ATM services

By signing this I certify that the information I have completed is true and correct. I understand that if it is determined that the information on the form is not true and correct, that my account with West Community / Tigers Community may be closed.

NAME

(Please print)

SIGNATURE

DATE

Tigers Community Credit Union is the Columbia division of West Community Credit Union

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