

## Business Account Information

(All fields must be completed)

Business Full Legal Name:			
<b>Type of Business:</b> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <ul style="list-style-type: none"> <li><input type="checkbox"/> General</li> <li><input type="checkbox"/> Limited</li> <li><input type="checkbox"/> Limited Liability</li> </ul> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Single Member LLC <input type="checkbox"/> Unincorporated Organization/Association		EIN/TIN:	
		State Organized:	
		Nature of Business:	
		Mailing Address:	
		Physical Address:	
		Email Address:	
		Business Phone:	Other Phone:
<b>Authorized Person 1:</b>			
Name:		SSN/TIN:	Date of Birth:
Home Address:		Driver's License/ID No:	State ID Issued By:
Business Title:		ID Issuance Date:	ID Expiration Date:
Ownership % (If Any):	Landline/Home Phone:	Cell Phone:	Email Address
What do you currently do:			
<b>Authorized Person 2:</b>			
Name:		SSN/TIN:	Date of Birth:
Home Address:		Driver's License/ID No:	State ID Issued By:
Business Title:		ID Issuance Date:	ID Expiration Date:
Ownership % (If Any):	Landline/Home Phone:	Cell Phone:	Email Address
What do you currently do:			
<b>Authorized Person 3:</b>			
Name:		SSN/TIN:	Date of Birth:
Home Address:		Driver's License/ID No:	State ID Issued By:
Business Title:		ID Issuance Date:	ID Expiration Date:
Ownership % (If Any):	Landline/Home Phone:	Cell Phone:	Email Address
What do you currently do:			



# Business Account Questionnaire

(All fields must be completed)

- Business Legal Name: \_\_\_\_\_
- Primary physical location of business: \_\_\_\_\_
- How did you hear about Rocky Mountain Credit Union? \_\_\_\_\_
- List any other locations you have other than the primary physical location of business:  
\_\_\_\_\_
- What type of business is this? (Purpose of Business)  
\_\_\_\_\_

- How long has the business been established? \_\_\_\_\_ years \_\_\_\_\_ months
- Does the business currently have a bank account with another institution? If yes, who? \_\_\_\_\_
- Describe your market area and customer base. Check all that apply.
  - ☐ Local county residents ☐ Multi-county residents ☐ State-wide residents ☐ Multi-state residents
  - ☐ International customers (regardless of citizenship). If checked, please describe your primary target market:  
\_\_\_\_\_
  - \_\_\_\_\_
- Who are the major customers or vendors with your business? (list name(s))  
\_\_\_\_\_  
\_\_\_\_\_

- What types of transaction will you perform at Rocky Mountain Credit Union per month?

<u>Cash Deposits</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Will you need a courier Service</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<u>Cash Withdrawals</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Check Deposits</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Using Remote Deposit</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<u>Check Withdrawals</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Wire Transfers Within the US</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Wire Transfers Outside the US</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which countries do you expect to send and/or receive wire transfers:			
<u>ACH Deposits</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>ACH Debit Transactions</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>Purchasing Monetary Instruments</u>	<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$1,000 to \$3,000	<input type="checkbox"/> \$3,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	\$10,000-\$ _____
<u>ATM Deposits</u>	\$0 - \$1,000	\$1,000 to \$3,000	\$3,000 to \$5,000	\$5,000 to \$10,000	\$10,000-\$ _____
<u>ATM Withdrawals</u>	\$0 - \$1,000	\$1,000 to \$3,000	\$3,000 to \$5,000	\$5,000 to \$10,000	\$10,000-\$ _____
<u>Using Remote Deposit</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<u>Using Bill Pay</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

- Do you/business engage in or process any transactions by or on behalf of online gambling? ☐ Yes ☐ No
- Do you/business depend, in whole or in part, on charitable donations and voluntary service for support? ☐ Yes ☐ No
  - If yes, what country is your organization chartered? \_\_\_\_\_

- Do you/business have donors or volunteers from non- US countries? \_\_\_Yes \_\_\_No
  - If yes, What Countries \_\_\_\_\_

13. Do you/business own or service an ATM machine at any of your locations? \_\_\_Yes \_\_\_No

14. Do you/business mine, manage or sell virtual currency (e.g. Bitcoin)? \_\_\_Yes \_\_\_No

15. Do you/business process any transactions on behalf of another party? \_\_\_Yes \_\_\_No

16. Will this account be used for activity related to:

- Medical or recreational marijuana (e.g. selling, growing, supply purchasing)? \_\_\_Yes \_\_\_No
  - What type of Business do you/business operate? \_\_\_Grower \_\_\_Processor \_\_\_Retailer \_\_\_Laboratory
  - Are you/business licensed by the state? \_\_\_Yes \_\_\_No
- Hemp related business \_\_\_Yes \_\_\_No
  - Are you/business licensed by the state? \_\_\_Yes \_\_\_No
  - What type of Business do you/business operate? \_\_\_Grower \_\_\_Processor \_\_\_Retailer \_\_\_Laboratory
- CBD \_\_\_Yes \_\_\_No What percentage of revenue is derived from CBD-related products? \_\_\_\_\_

17. Do any of the owners or managers have or have had an account at RMCU or another Financial Institution for activity related to medical or recreational marijuana? \_\_\_Yes \_\_\_No  
If yes, where? \_\_\_\_\_

18. Who are the main clients (name of dispensaries)? \_\_\_\_\_

19. Do you/business provide check cashing services to your customers and/or employees (i.e. your own payroll checks \_\_\_Yes \_\_\_No

a. If yes, what is the dollar amount per person per day? \_\_\_\_\_

20. Do you/business exchange currency? \_\_\_Yes \_\_\_No

a. If yes, what is the dollar amount per day? \_\_\_\_\_

21. Do you/business issue, sell or redeem traveler's checks, money orders, prepaid cards or cell phones? \_\_\_Yes \_\_\_No

a. If yes, what is the dollar amount per day? \_\_\_\_\_

22. Do you/business accept or send money on behalf of others by wire, Western Union or other electronic networks? \_\_\_Yes \_\_\_No

a. If yes, what is the dollar amount per day? \_\_\_\_\_

b. Are any of these transactions outside the United States? \_\_\_Yes \_\_\_No

c. If yes, what countries? \_\_\_\_\_

**If the answer is yes to any of the above questions, your business may be defined as a Money Service Business (MSB) and must be registered with FinCEN. Are you registered with FinCEN? \_\_\_Yes \_\_\_No**

**Your account information must be reviewed before the account can be opened.**

**I certify that the above named business will not use the account to process unlawful internet gambling transactions. If it is determined that unlawful internet gambling transactions are being processed, the business account is subject to immediate closure.**

\_\_\_\_\_  
Account Owner (Print Name)

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Owner (Print Name)

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date