

## BUSINESS INFORMATION (APPLICANT)

<b>Business Name</b>	<b>Application Preparer Name</b>	<b>Application Preparer Title</b>
<b>Business Street Address</b>	<b>City, State, ZIP Code</b>	<b>Account(s) to Deposit into</b>
<b>Business Email Address</b>	<b>Business Phone Number</b>	<b>Year Business Established</b>
<b>Business Entity Type (check one)</b>		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other		
<b>Description of Business:</b>		
<b>Annual Sales \$</b> _____ <input type="checkbox"/> Actual <input type="checkbox"/> Projected	<b>Sales Trends:</b> <input type="checkbox"/> Growing <input type="checkbox"/> Shrinking <input type="checkbox"/> Stable Explain:	
<b>Does the business owe taxes (Fed., State, FICA, sales, etc) from prior yrs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?	<b>Is the business a party to any claim or lawsuit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?	<b>Has the business or principles ever declared bankruptcy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?

## BUSINESS REMOTE DEPOSIT INFORMATION

REQUEST INFORMATION		
<b>Request Type:</b> <input type="checkbox"/> New (establish relationship) <input type="checkbox"/> Increase limit <input type="checkbox"/> Decrease limit <input type="checkbox"/> Discontinue services		
<b>Maximum Amount (\$)</b> of checks to deposit per day: \$ _____	<b>Maximum Quantity of items (checks) to deposit per day:</b> # _____	
<b>Types of checks you will deposit using Business Remote Deposit</b> (Example: tenants, customers, etc.)		
NON-WESTCONSIN ACCOUNT HISTORICAL INFORMATION		
Complete using data from the past 12 months, when available, for all non-WESTconsin accounts owned by the business		
<b>Avg amount (\$)</b> of checks per day \$ _____	<b>Avg quantity of checks deposited per day</b> _____	<b>Avg quantity of deposits per day</b> _____
<b>Quantity of returned deposited items in the past 12 mo.</b> _____	<b>Reason for the returned deposited item(s), if applicable</b> _____	
<b>Avg balance in your business checking account(s)</b> \$ _____	<b>Names of Financial Institutions where you have business accounts</b> _____	
SYSTEM INFORMATION		
<b>Operating System</b> <i>"Computer system software"</i> (Windows 11, MAC OS 10.5, etc)	<b>Browser</b> <i>"Internet Browser Software"</i> (Safari, Chrome, Firefox, etc)	<b>Security Software</b> <i>"Anti-Virus and Anti-spyware"</i> (McAfee, Norton, etc)

## BUSINESS OWNERS (DESIGNATED AGENTS)

Designated (Owners or Non-Owner Authorized Agents) Agents can request changes to the Business Remote Deposit service. This includes but is not limited to limit change requests and user modifications.

Ownership of Business (List Owner Name(s) & Ownership %)			
1		2	
3		4	

Non-Owner Authorized Agents (List name(s) & title)			
1		2	
3		4	

## BUSINESS REMOTE DEPOSIT (USER(S))

Users can login to the check scanning system to deposit checks and access deposited check images and batch reports.

Name	Email Address	Phone Number:	Action Requested:
1			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update
2			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update
3			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update

## AGREEMENT

The individual(s) signing below on behalf of the Applicant applying for this service hereby certifies that all of the statements above and on any other documents provided to the Credit Union are true and complete as of the date given. The individual(s) signing below in their individual capacity and on behalf of the applicant authorize the Credit Union to verify all of the information given, to obtain a credit report or any other verification of credit references, and to make other investigation as the Credit Union deems appropriate. The individual(s) signing below, and the applicant agree to notify the Credit Union promptly of any adverse change in their financial condition. If the applicant is a Corporation, Partnership, all authorized owner/principals must sign and include their Corporate/Partnership title.

IMPORTANT INFORMATION: The Credit Union complies with the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

## DOCUMENTATION REQUIREMENTS AND QUESTIONS

Submit completed application and supporting documentation to WESTconsin Credit Union using [this secure document portal](#) or drop it off at any office location ATTN: Business Services. **QUESTIONS?** Contact your Business Loan Officer or the Business Services Department at **(800) 924-0022** or [businessservices@westconsincu.org](mailto:businessservices@westconsincu.org) with any questions.

Type	Requirement
Credit Union and/or Bank Account Statements	3 months of statements from all Financial Institutions
Business Tax Return	1 year if Applicant's remote deposit limit per day will be $\geq$ \$250,000
Business Projection	1 year if Applicant is a start-up or newly formed business