

In preparation of your new business membership with WESTconsin Credit Union, please provide the following information to help us meet your business's unique needs. Click [HERE](#) to view required account opening documents.

Information About Your Business		
Business Name <i>(also list any DBAs)</i>		
Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Unincorporated Organization <input type="checkbox"/> Public Entity <input type="checkbox"/> WI Non-Stock Corporation <input type="checkbox"/> MN Non-Profit Corporation	
Business TIN or Tax ID Number	<input type="checkbox"/> SSN:	<input type="checkbox"/> EIN:
Primary Business Address <i>(No PO Boxes)</i>		
Business Mailing Address		
Business Phone Number	Best Time to Contact:	
Business Email		
Business Website		
Nature of Business <i>(what does your business do)</i>		
Types of Transactions Expected <i>Additional information about expected transactional values will be requested.</i>	<input type="checkbox"/> Cash Deposits/Withdrawals <input type="checkbox"/> Check Deposits <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Bill Payments (Online) <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Corporate Checks <input type="checkbox"/> Domestic Wires <input type="checkbox"/> International Wires <input type="checkbox"/> ACH Transactions (PayPal, Venmo, Square, etc.) <input type="checkbox"/> International ACH Transactions <input type="checkbox"/> ACH Origination (ACH initiation completed by business - payroll, collections, etc.)	
Does your business have any relation with the cannabis industry?	Yes <input type="checkbox"/> <i>What percentage of revenue is derived from cannabis? _____ %</i>	No <input type="checkbox"/>
Is there an ATM at your place of business?	Yes <input type="checkbox"/> <i>Please provide an ATM contract or lease agreement at account opening</i>	No <input type="checkbox"/>
Do you sell lottery tickets at your place of business?	Yes <input type="checkbox"/> <i>Please provide State Lottery Retailer Contract at account opening</i>	No <input type="checkbox"/>

What products and services can we provide to help your business succeed?		
<i>Please indicate products/services desired by checking Yes/No. Business Membership Savings account is opened and required for membership.</i>		
Business Membership Savings Account <i>(required with \$5 minimum balance to open account)</i>	Yes	<input checked="" type="checkbox"/>
Additional Business Savings Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Checking Account <i>(\$1 minimum deposit required to activate)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Debit Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Credit Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Line of Credit or Business Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or have you worked with a Business Loan Officer? If so, who? Choose an item.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Initiate ACH based transactions <i>(use account and routing numbers to send and/or collect funds to/from others)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Remote Deposit <i>(scan and deposit checks at your business location)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Merchant Card Processing <i>(point of sale system to accept credit/debit card payments)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like to opt out of receiving dividends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Who will be on your account?

Certification of Beneficial Ownership: In May of 2018 the federal government issued regulations requiring disclosure of key individuals who own and control the legal entity at time deposit accounts are opened. Click [HERE](#) for more details.

What is an Authorized Signer?

An individual that will act upon the account. They have full transactional rights regardless of business ownership.

What is a Beneficial Owner?

An individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity member (e.g., each natural person that owns 25% or more of the shares of a corporation). A Beneficial Owner does not have any transactional rights on the account unless they are added as an Authorized Signer.

What is a Control person?

A Control Person is an individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). The Control Person does not need to be an Authorized Signer or Beneficial Owner. The Control Person does not have any transactional rights on the account unless they are added as an Authorized Signer.

List all account associates below. Designate one individual to be the Control Person of the business account. If more space is needed, complete additional worksheets with only this section completed. Please note, all owners, regardless of ownership percentage, need to attend account opening to authorize the opening and establishment of an account.

Valid Photo ID is required for all account associates	<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Person	<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Person	<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Person	<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Person
Legal Name				
Title/Position				
Social Security Number				
Address <i>(No PO Boxes)</i>				
Phone Number				
Email Address				
Business Ownership % <i>(Must add up to 100%)</i>				
Primary Employer				
Primary Occupation				

Preferred office for account opening appointment: Choose an item.

Once completed, follow the following steps to submit this form:



1. Save this form in a location you will remember and be able to access in step 2.



2. Use [THIS](#) secure link to upload this form (the file you saved in step 1), [required account opening documents](#), and copies of valid photo ID's for all account associates (Authorized Signers, Beneficial Owners, and the Control Person). If the link provided is not used and documents are sent via email, your information may be at risk.



3. A Member Services Representative will contact you within (1) business day (M-F) to review the information on this form and confirm or schedule an account opening appointment!

Submission of this form does not open a business account at WESTconsin. By submitting this form, you are simply expressing interest in opening a business account at WESTconsin and providing details needed to do so. All businesses must qualify for [membership](#) prior to account opening. You will be contacted by a Member Services Representative within one (1) business day (M-F) to review the information on this form. An account opening appointment will be scheduled upon contact if all necessary information has been provided. Business accounts are required to be opened in person and all owners must be present at account opening to authorize to open and establish the account. Business account opening appointments take roughly an hour to complete, please plan accordingly.