



## BUSINESS ACCOUNT APPLICATION

Individuals, partners and owners of a business must be eligible for membership or be a member(s) in good standing of Merck Sharp & Dohme Federal Credit Union before opening a business account.

### 1. Business Identification

Business Name:		Federal Tax ID# (SSN):	
DBA:		NAICS Code:	SIC Code:
Entity Type:	Sole Proprietorship	General Partnership	Limited Partnership
	Corporation	S Corporation	C Corporation
			Limited Liability Company (LLC)
			Non-Profit
Business Street Address:		City:	State:
Business Mailing Address:		City:	State:
Business Telephone Number:		Business E-mail Address:	

### 2. Questionnaire - Answer questions below to determine whether an MSB

What industry is your business part of ( e.g., day care, dentist, restaurant ):	Number of employees:
Is this a Money Service Business (MSB) or does it provide MSB type services?	Yes No
Answer questions below to determine whether an MSB	
a. Do you own or operate ATM machines?	Yes No If yes, how many ?
b. Does your business currently or will it cash checks for its customers?	
c. Does your business currently or will it perform any wire, ACH, or money transfer services for its customers?	
e. Does your business currently or will it provide Money Gram, Western Union, or foreign currency exchange services for its customers?	
d. Does your business currently or will it sell money orders, travelers checks or stored value cards for its customers?	
f. Does your business conduct any internet gambling transactions?	

### 2a. For each account opened under the business complete the following information:

What business purposes will the account be used for: (check all that apply)

General Operating Funds	Payroll	Accounts Payable
Savings	Charitable Organization	Escrow Funds – IOLTA
		Other

Please provide the estimated monthly averages for both dollar volume and number of transactions for deposits and withdrawals in areas concerning:	Sample: \$0-\$1,000 \$1,000-\$3,000 \$3,000-\$5,000 \$5,000-\$10,000 \$10,000-\$20,000 \$20,000-\$50,000 \$50,000-\$100,000	Type	Deposits	Withdrawals
		Overall Totals		
Cash				
Domestic Wires				
Foreign Wires				
ACH				

### OFFICE USE ONLY

Person ID:	ChexSystem and OFAC verified? Yes No	Branch:	Date:
------------	--------------------------------------	---------	-------

**2b. Services Requested****Business Savings (Regular Shares)**

This account is required to maintain membership.  
 \$5.00 of your initial deposit will automatically be held.

Initial Deposit:  
 \$

**Free Business Checking**

YES, I want a Free Business Checking Account.  
 Order Checks            Yes            No

Initial Deposit:  
 \$

**Business Money Market**

YES, I want a Business Money Market Account.  
 (\$2,500 average daily balance to earn dividends)

Initial Deposit:  
 \$

**Free Online Banking**

Please provide the Authorized person(s) granted access to Online Banking below.

Name:

Name:

Name:

Name:

**Business Bill Payer**

Requires Online Banking.

**Business Check Card**

YES, I want a Business Check Card(s). You may have up to two (2) total Check Cards on the business account.

NOTE: If this (these) person(s) will be (an) authorized cardholder(s) and is (are) not the owner(s), I/we authorize him/her/them to use the card and I/we accept full responsibility for all charges and/or cash advances just as though I/we made them. If you designate (an) authorized cardholder(s) he/she/they may not order replacement cards or obtain account information. You will receive agreement and disclosure materials specific to this product after your application is processed. Indicate name(s) to be on check card(s) and type of user(s): IF YOU ARE NOT AN OWNER OR PARTNER, YOU MUST CHECK THE AUTHORIZED CARDHOLDER BOX AND FILL OUT YOUR HOME ADDRESS, SOCIAL SECURITY NUMBER, DATE OF BIRTH, and HOME and WORK PHONE NUMBERS. Check Card(s) will be shipped to the business address listed above.

Name on check card:

I am an owner or partner and completed Section 4.

I am NOT an owner or partner. I am an authorized cardholder. (Complete information below)

Home Address:

Social Security Number:

Date of Birth:

Home Phone:

Work Phone:

Name on check card:

I am an owner or partner and completed Section 4

I am NOT an owner or partner. I am an authorized cardholder. (Complete information below)

Home Address:

Social Security Number:

Date of Birth:

Home Phone:

Work Phone:

**OFFICE USE ONLY**

Track-it ID#:

### 3. Required Document Checklist

Find your entity type and be sure to include copies of all required items relative to your entity type with your Business Account Application to avoid any delays in opening the business account.

#### I) Sole Proprietorship:

- 1. Filed Fictitious Name Certificate** – A fictitious name is a name, style or designation other than the proper name of the person or entity using such name. Any entity or entities (including individuals, corporations, partnerships or other groups) which conduct(s) business in Pennsylvania under an assumed name or “fictitious” name, shall register that name by filing an application for registration of fictitious name with the Pennsylvania Corporation Bureau. Forms can be found at [www.dos.state.pa.us](http://www.dos.state.pa.us) to register your fictitious name.
- 2. Affidavit of Sole Proprietorship (enclosed)** – Complete this form to confirm your Sole Proprietorship status. Please have this form notarized.
- 3. Limited Power of Attorney to Act for Sole Proprietorship (enclosed)** – Complete this form if you are a Sole Proprietor and wish to grant access to your account(s) to a third party. Please have this form notarized.
- 4. Tax I.D. assignment verification from the I.R.S. or Social Security Number. \*\***
- 5. State or Federally issued photo I.D. for Sole Proprietor and all agents** (i.e. Driver’s License, Passport, etc.)

#### II) General Partnership:

- 1. Filed Fictitious Name Certificate** – A fictitious name is a name, style or designation other than the proper name of the person or entity using such name. Any entity or entities (including individuals, corporations, partnerships or other groups) which conduct(s) business in Pennsylvania under an assumed name or “fictitious” name, shall register that name by filing an application for registration of fictitious name with the Pennsylvania Corporation Bureau. Forms can be found at [www.dos.state.pa.us](http://www.dos.state.pa.us) to register your fictitious name.
- 2. Partnership Agreement** – This document represents the terms and conditions in which the partnership operates. This document will describe the rights and responsibilities of all partners as well as their share of any profits.
- 3. Partnership Resolution (enclosed)** – Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners.
- 4. Tax I.D. assignment verification from the I.R.S. \*\***
- 5. State or Federally issued photo I.D. for all partners and authorized signers** (i.e. Driver’s License, Passport, etc.)

#### III) Limited Partnership:

- 1. Certificate of Limited Partnership** – This document verifies the official filing of a Limited Partnership. This entity type requires a formal partnership agreement differentiating general partner(s) from limited partner(s).
- 2. Partnership Agreement** – This document represents the terms and conditions in which the partnership operates. This document will describe the rights and responsibilities of all partners as well as their share of any profits.
- 3. Limited Partnership Resolution (enclosed)** – Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners.
- 4. Tax I.D. assignment verification from the I.R.S. \*\***
- 5. State or Federally issued photo I.D. for all partners and authorized signers** (i.e. Driver’s License, Passport, etc.)

#### IV) Limited Liability Company (LLC):

- 1. Certificate of Organization** – This document is similar to a corporation’s Articles of Incorporation. Any Pennsylvania LLC must file the certificate/articles with the Pennsylvania Corporation Bureau to begin existence.  
Not a PA business? Please check with your state’s Corporation Bureau for required documents.
- 2. Limited Liability Company Operating Agreement** – This document is an agreement, similar to a corporation’s by-laws, among an LLC’s members which govern the LLC’s operations and the rights of its members.
- 3. Limited Liability Company Resolution (enclosed)** – Complete this form if you are a Limited Liability Company (LLC) to verify your LLC status and to designate who can act on behalf of the LLC and in what capacity.
- 4. Tax I.D. assignment verification from the I.R.S. \*\***
- 5. State or Federally issued photo I.D. for all members and authorized signers** (i.e. Driver’s License, Passport, etc.)

## 4. Required Document Checklist (cont)

### V) Corporation:

**1. Articles of Incorporation** – This document is a primary legal document of a corporation that serves as the corporation's constitution. The contents are described in the general incorporation statutes, and commonly include the corporation's name, period of existence, purpose and power, authorized number of shares, classes of stock, and other conditions of operation.

**2. Corporate Resolution (enclosed)** – Complete this form to verify your corporation status and to confirm that the corporation wishes to establish a depository relationship with MSDFCU. This form will also inform MSDFCU who can act on behalf of the corporation and in what capacity.

**3. Tax I.D. assignment verification from the I.R.S. \*\***

**4. State or Federally issued photo I.D. for all owners and authorized signers** (i.e. Driver's License, Passport, etc.)

**5. By-Laws (for non-profit corporations)** – These are rules that explain the governing and operation of a corporation. These are usually drawn up immediately after incorporation. They contain procedures for holding meetings, appointments, elections and other management matters. At the initial meeting of the corporation the by-laws are adopted. These rules are not filed with any state agency.

**Not a Pennsylvania business? Please check with your state's Corporation Bureau or office of the Secretary of your state for required documents.**

**\*\* Tax I.D. Assignment Verification from the I.R.S. – (NOT YOUR SALES TAX FORM)** This is also known as your Employer Identification Number (EIN). This is a nine-digit number assigned by the I.R.S. to identify tax accounts of Sole Proprietors, Partnerships, Limited Liability Companies, Corporations, and other entities. You must have a Tax I.D. (EIN) if you: a) Have a Keogh Plan; b) Operate as a Partnership, Limited Liability Company or a Corporation; c) Pay wages to one or more employees including household employees.

## 5. Signatures

I/We apply for a Business Account(s) with Merck Sharp & Dohme Federal Credit Union (MSDFCU) and agree to the conditions stated in the Agreements & Disclosures and rules and regulations of MSDFCU which will be provided to me as required by law. I/ We apply for and agree to the stated terms for each service requested on this application. From time to time, MSDFCU will announce additional services. My/Our use of these services will indicate my/our acceptance of the terms and conditions presented as they are announced. I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me/us or my/our affairs and all joint owners upon request of this Credit Union. I/We understand that I/we (business owners) have the right to request in writing, the nature and scope of the Credit Union's investigation. Any negative balance created in this account shall bear interest at the highest unsecured loan rate offered by MSDFCU until paid in full. Repayment of this amount will be the personal obligations of all business partners/owners, or any of them, jointly and severally at the sole discretion of MSDFCU. I/We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to Federal Chartered Credit Unions insured by the National Credit Union Administration. I/We understand that MSDFCU will rely on all the information in this membership application to ensure membership eligibility. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. Any financial service provided by MSDFCU may be used for any transaction permitted by law. I/We agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at MSDFCU's discretion. I/We further agree, should illegal use occur, to waive any right to sue MSDFCU for such illegal use or any activity directly or indirectly related to it. Additionally, I/we agree to indemnify and hold MSDFCU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

Signatures			
Name (print):			Title:
Citizenship:	U.S. Citizen	Resident Alien	Non-Resident Alien
Country:			
Social Security Number:			Date of Birth:
Home Address:		City:	State: Zip:
Driver's License #:		State:	Expiration Date:
Home Phone:		Work Phone:	Cell Phone:
Email:		Alternate Email:	
MSDFCU Consumer Account #:		Mother's Maiden Name:	
Signature:			Date:
Signature must be notarized if person signing above is not physically present in the branch.			
State of _____ County of _____		In witness whereof, I hereunto set my hand and official seal.	
On this, the _____ day of _____, 20 , _____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.			

OFFICE USE ONLY			
Person ID:	ChexSystem and OFAC verified?	Yes No	Branch: Date:

Signatures			
Name (print):			Title:
Citizenship:	U.S. Citizen	Resident Alien	Non-Resident Alien
Country:			
Social Security Number:			Date of Birth:
Home Address:		City:	State: Zip:
Driver's License #:		State:	Expiration Date:
Home Phone:		Work Phone:	Cell Phone:
Email:		Alternate Email:	
MSDFCU Consumer Account #:		Mother's Maiden Name:	
Signature:			Date:
Signature must be notarized if person signing above is not physically present in the branch.			
State of _____ County of _____		In witness whereof, I hereunto set my hand and official seal.	
On this, the _____ day of _____, 20 , _____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.			

OFFICE USE ONLY			
Person ID:	ChexSystem and OFAC verified?	Yes No	Branch: Date:

Signatures			
Name (print):			Title:
Citizenship:	U.S. Citizen	Resident Alien	Non-Resident Alien
Country:			
Social Security Number:			Date of Birth:
Home Address:		City:	State: Zip:
Driver's License #:		State:	Expiration Date:
Home Phone:	Work Phone:	Cell Phone:	
Email:		Alternate Email:	
MSDFCU Consumer Account #:		Mother's Maiden Name:	
Signature:			Date:
Signature must be notarized if person signing above is not physically present in the branch.			
State of _____ County of _____		In witness whereof, I hereunto set my hand and official seal.	
On this, the _____ day of _____, 20 , _____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.			
OFFICE USE ONLY			
Person ID:	ChexSystem and OFAC verified?	Yes No	Branch: Date:

Signatures			
Name (print):			Title:
Citizenship:	U.S. Citizen	Resident Alien	Non-Resident Alien
Country:			
Social Security Number:			Date of Birth:
Home Address:		City:	State: Zip:
Driver's License #:		State:	Expiration Date:
Home Phone:	Work Phone:	Cell Phone:	
Email:		Alternate Email:	
MSDFCU Consumer Account #:		Mother's Maiden Name:	
Signature:			Date:
Signature must be notarized if person signing above is not physically present in the branch.			
State of _____ County of _____		In witness whereof, I hereunto set my hand and official seal.	
On this, the _____ day of _____, 20 , _____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.			
OFFICE USE ONLY			
Person ID:	ChexSystem and OFAC verified?	Yes No	Branch: Date:

Read the W-9 information and Patriot Act Notice below. Follow all instructions that apply.

**W-9 FORM - INTERNAL REVENUE SERVICE  
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, by the signature(s) above, I/we certify that: (1) The number shown on this form is the account owner's correct taxpayer identification number, (2) The account owner is not subject to backup withholding because: (a) It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a failure to report all interest dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding, and (3) the account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien).

Instructions: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

**U.S.A. PATRIOT ACT  
IDENTITY VERIFICATION NOTICE  
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help our government fight the funding of terrorism and stop money laundering activities, Federal law requires all financial institutions, including Merck Sharp & Dohme Federal Credit Union (MSDFCU) to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by MSDFCU will be continued as required under the Gramm-Leach-Bliley Privacy Act and Merck Sharp & Dohme Federal Credit Union's Privacy Policy.



**MERCK SHARP & DOHME**  
FEDERAL CREDIT UNION

335 W. Butler Ave. Chalfont, PA 18914  
215.996.3700  
www.msdfcu.org

Federally insured by the National Credit Union Administration up to \$250,000. Equal Opportunity Lender.