



# BUSINESS MEMBERSHIP APPLICATION

*Business is good.*

Please fill out this application for membership below. Azura Credit Union does verify your information through various means, including ChexSystems, credit bureaus, or other agencies in accordance to the U.S. Patriot Act.

1 Business Information		
<ul style="list-style-type: none"> <li>If you are unsure what type of business, you should register or contact your accountant to discuss the pros and cons of each business type.</li> <li>To file an LLC, Corporation or Partnership visit the Secretary of State. <a href="http://www.kssos.org">www.kssos.org</a></li> <li>To obtain your EIN or Tax ID number go to <a href="http://www.irs.gov">www.irs.gov</a></li> </ul>		
Type of Business (Check One)		
<input type="checkbox"/> Association/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Business name		Tax Identifications Number
Date Business Created _____		<input type="checkbox"/> EIN <input type="checkbox"/> SSN (only on Sole Proprietorship & Single Member LLC)
Physical Address (street/city/state/zip)		
Mailing Address (if different than physical address)		
Business Phone	Business Email	Web Address
Business Industry – try to be specific (i.e. restaurant, landscaping, etc.)		

2 Business Documents				
Azura Credit Union requires certain documents for account approval. Please bring the documents required for your business.				
<b>Association/Club</b> <ul style="list-style-type: none"> <li>IRS document listing name and EIN number</li> <li>Meeting Minutes (stating instructions for opening and managing the account)</li> <li>Copy of Company Charter or By-Laws</li> </ul>	<b>Sole Proprietorship</b> <ul style="list-style-type: none"> <li>IRS document listing name and EIN (this document is only needed if you are not using your SSN as the tax ID number)</li> </ul>	<b>LLC</b> <ul style="list-style-type: none"> <li>IRS document listing name and EIN number (this document is only needed if you are not using your SSN as the tax ID number)</li> <li>Articles of Organization</li> <li>Operating Agreement</li> </ul>	<b>Partnership</b> <ul style="list-style-type: none"> <li>IRS document listing name and EIN number</li> <li>Partnership Agreement</li> </ul>	<b>Corporation</b> <ul style="list-style-type: none"> <li>IRS document listing name and EIN number</li> <li>Meeting Minutes (showing who is allowed to be on deposit account)</li> <li>Articles of Incorporation</li> </ul>

3 Expected Activity
As a financial institution, Azura needs to have an understanding of what will be considered <u>normal</u> activity for your business account. Please answer the following questions to the best of your ability.
1. Will you be making cash deposits/withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what will the usual \$ amount be? Between \$ _____ and \$ _____
2. Will you be sending or receiving wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe the purpose of these transfers and geographical location to/from they will be sent/received:
Which Azura location will you use most often? (business accounts are unable to conduct transactions at the service centers)
<input type="checkbox"/> Downtown <input type="checkbox"/> Kansas Ave <input type="checkbox"/> Croco <input type="checkbox"/> Arrowhead <input type="checkbox"/> Hwy 24 <input type="checkbox"/> Hunter's Ridge <input type="checkbox"/> Ft. Riley <input type="checkbox"/> Lenexa
How many checks will you be writing and depositing every month? Between _____ and _____
Do you currently accept credit and/or debit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently send/receive funds via ACH? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4 Authorized Signers

Financial institutions are required by law to obtain and verify the identities of each individual who will be a signer on an account. Please complete the section below for each person who will have transaction authority on your account.

<b>Individuals Full Name</b>		Social Security Number	Date of Birth
Mother's Maiden Name	ID Number	ID Expiration Date	Account Number <i>(if current member)</i>
Physical Address (street/city/state/zip)			
Mailing Address (if different than physical address)			
Home Phone		Cell Phone	Email Address
Employer	Start Date	Supervisor's Name	Work Phone
<b>Individuals Full Name</b>		Social Security Number	Date of Birth
Mother's Maiden Name	ID Number	ID Expiration Date	Account Number <i>(if current member)</i>
Physical Address (street/city/state/zip)			
Mailing Address (if different than physical address)			
Home Phone		Cell Phone	Email Address
Employer	Start Date	Supervisor's Name	Work Phone
<b>Individual's Full Name</b>		Social Security Number	Date of Birth
Mother's Maiden Name	ID Number	ID Expiration Date	Account Number <i>(if current member)</i>
Physical Address (street/city/state/zip)			
Mailing Address (if different than physical address)			
Home Phone		Cell Phone	Email Address
Employer	Start Date	Supervisor's Name	Work Phone
<b>Individuals Full Name</b>		Social Security Number	Date of Birth
Mother's Maiden Name	ID Number	ID Expiration Date	Account Number <i>(if current member)</i>
Physical Address (street/city/state/zip)			
Mailing Address (if different than physical address)			
Home Phone		Cell Phone	Email Address
Employer	Start Date	Supervisor's Name	Work Phone