



# Business Member Due Diligence Checklist

**Business Name\*** \_\_\_\_\_

**DBA** \_\_\_\_\_

**Account Number(s)\*** \_\_\_\_\_

**Type of Business Member**  
 New  Existing adding service

**Is your business**  
 New Date formed \_\_\_\_\_  
 Existing Number of years in business \_\_\_\_\_

**Type of Person**  
 U.S. Person  Non-U.S. Person  
 Corporation registered in state of \_\_\_\_\_

**What brought you to our Credit Union**

Products  
 Prior relationship with Credit Union  
 Location  
 Dissatisfied with current financial institution  
 Family and or/ friend referral  
 Other \_\_\_\_\_

**Physical address of business**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physical address of business headquarters**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Types of Transactions**

Cash  On us transfers/checks  
 Payroll checks  Government checks  
 Cashier's checks  Wire transfers  
 Foreign funds  Merchant processing

**Do you have deposits that come in automatically?**  
 Yes  No

**If yes, what kind of automatic deposits do you have?**

Payroll  Operating account  
 ACH  Merchant processing  
 Other

**Are your transactions**  
 Domestic  International  Both

**Account opening method**

In person, all signors present  
 In person, less than all signors present  
 Mail/Fax/Email  
 Online

**Type of Person**

Money Service Business (MSB)  
 Marijuana-related business  
 Industrial Hemp  
 Cannabidiol (CBD)  
 Buying or selling motor vehicles of any kind, vessels, aircraft, farm equipment, or mobile homes  
 Practicing Law  
 Accounting  
 Practicing medicine  
 Auctioning goods  
 Chartering or operating ships, buses or aircraft  
 Gaming of any kind  
 Real estate brokerage  
 Pawn brokerage  
 Title insurance and real estate closing  
 Trade union activities  
 Rental property management  
 Construction/home repair  
 Spa (nail/hair care/tanning)  
 Other \_\_\_\_\_

**What is the primary purpose of this account?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Does your company ship currency via a third party carrier?**  
*(Brinks, Guarda, USPS, etc)*  
 Yes  No

**If yes, which company do you use?**  
 \_\_\_\_\_

**Do you use automatic withdrawals?**  
 Yes  No

**If yes, what kind of automatic withdrawals do you have?**

Sweep accounts  Utilities  
 ACH withdrawals  Other

**How many deposits will you average in a month?**  
 1-5  6-10  11 or more

**How many checks/withdrawals will you average a month?**  
 1-5  6-10  11 or more

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Business Verified and All Documents Recieved | Initials: \_\_\_\_\_