

**SOUTHERN SECURITY FEDERAL CREDIT UNION  
REMOTE DEPOSIT SERVICES APPLICATION**

☐ Add   ☐ Change

**LEGAL BUSINESS INFORMATION**

<b>Legal Business Name:</b>		<b>Legal Tax ID #:</b>	
<b>Legal Business Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Legal E-Mail Address:</b>	<b>Telephone:</b>	<b>Fax:</b>	
<b>Nature of Legal Business:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet _____% <input type="checkbox"/> Business to Business (No Consumer Sales) _____%			
<b>Business Location:</b> <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence <b>Ownership:</b> <input type="checkbox"/> Owns <input type="checkbox"/> Rents – Provide Landlord Name, Address and Telephone: _____ _____			
<b>Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:</b>			
<b>Legal Website Address:</b>		<b>Seasonal Sales (Yes or No and Describe):</b>	
<b>Date Established:</b>	<b>Ownership (Month/Year):</b>	<b>Number of Employees:</b>	
<b>Annual Gross Sales/Revenues for Last Fiscal Year:</b> \$		<b>Number of Locations:</b>	
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: _____			
<b>Refund Policy:</b> <input type="checkbox"/> No Refund <input type="checkbox"/> Refund in 30 Days or Less <input type="checkbox"/> Merchandise Exchange <input type="checkbox"/> Other: _____			

**DOING BUSINESS AS (DBA) INFORMATIONS**

<b>DBA Name:</b>		<b>DBA Tax ID:</b>	
<b>DBA Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>DBA E-Mail Address:</b>	<b>DBA Telephone:</b>	<b>DBA Fax:</b>	
<b>Mailing Address</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Nature of DBA Business:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet _____% <input type="checkbox"/> Business to Business (No Consumer Sales) _____%			
<b>Business Location:</b> <input type="checkbox"/> Shopping <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence <b>Ownership:</b> <input type="checkbox"/> Owns <input type="checkbox"/> Rents - Provide Landlord Name, Address, and Telephone #: _____ _____			
<b>Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:</b>			
<b>DBA Website Address:</b>		<b>DBA Seasonal Sales (Yes or No and Describe):</b>	
<b>Date Established:</b>	<b>Ownership (Month/Year):</b>	<b>Number of Employees:</b>	
<b>Annual Gross Sales/Revenues for Last Fiscal Year:</b> \$		<b>Number of Locations:</b>	
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: _____			
<b>Refund Policy:</b> <input type="checkbox"/> No Refund <input type="checkbox"/> Refund in 30 Days or Less <input type="checkbox"/> Merchandise Exchange <input type="checkbox"/> Other: _____			

**PROJECTED DEPOSIT ACTIVITY**

<b>Highest Single Deposit Dollar Amount:</b>	<b>Highest Daily Deposit Dollar Amount:</b>
<b>Highest Number of Checks in a Single Deposit:</b>	<b>Highest Amount of Single Check in a Deposit:</b>
<b>Highest Number of Checks Deposited Each Day:</b>	<b>Highest Number of Deposits Made Each Day:</b>
<b>Highest Number of Deposited Items Returned Each Month:</b>	<b>Highest Number of Returned Items in a Month:</b>

**PRINCIPAL INFORMATION**

Name #1:		Title:		
Home Address:		City:	State:	ZIP:
Driver's License Number:	State:	Expiration Date:	Tax ID (SSN)#:	
Place and Date of Birth:	Home Telephone:		Ownership Percentage:	
Name # 2:		Title:		
Home Address:		City:	State:	ZIP:
Driver's License Number:	State:	Expiration Date:	Tax ID (SSN)#:	
Place and Date of Birth:	Home Telephone:		Ownership Percentage:	

**FINANCIAL INQUIRIES**

Has the business declared bankruptcy within the last 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what chapter:	Date of Filing:
Has any principal/owner declared bankruptcy within the last 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what chapter:	Date of Filing:
Any delinquent taxes owed by business or principal/owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	
Any pending litigation or unsatisfied judgments for business or principal/owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	
Does any single customer represent more than 25% of annual sales/revenues? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, customer name and percentage:	
Is business for sale or under agreement that would change ownership? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	
Has business incurred a loss in any of the last 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount of loss and explanation:	

**FINANCIAL INSTITUTION REFERENCES**

Financial Institution Name and Account Number:	Date Opened	Telephone Number

**DOCUMENTATION NEEDED****General Information:**

- ☐ Copies of organizational papers and business filing certificates.
- ☐ Current business interim financial statement.
- ☐ Copy of business insurance certificates

**Identification Information:**

The Credit Union is required by federal law to obtain, verify and record information that identifies each individual or business opening an account to help the government fight the funding of terrorism and money laundering activities. We will ask you at the time of opening an account, your name, address, date of birth and other information that allows us to properly identify you. We will also ask to see your driver's license and other identifying documents for verification and recording purposes.

**CONSENT TO OBTAIN CONSUMER CREDIT REPORT**

I/We ("Applicant") consent to Southern Security FCU obtaining one or more consumer credit reports on me from time to time in connection with this Remote Deposit Service Application. The Credit Union may also investigate my background, income, credit or credit worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Printed Name:	Printed Name:
Signature:	Signature:
Date:	Date

**BY SIGNING BELOW, I/WE ("APPLICANT") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT.** Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the action of Southern Security FCU can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either

directly or through any agency employed by the Credit Union for that purpose. Applicant authorizes Southern Security FCU to obtain credit reports, and agrees to provide any additional information that the Credit Union may require to process this application. Applicant also authorizes the Credit Union to obtain copies of its tax returns and information from the Internal Revenue Services and other taxing authorities, and agrees to execute whatever forms the Credit Union requests to obtain such information.

**Requires Signatures:** Sole Proprietorship – Owner     Partnership – All general partners     Limited Liability Company – All member(s) or manager(s)     Corporation – The person(s) name in the corporate resolution.

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

**Corporate Certification (Corporate Applicants Only):** I certify that I am Secretary of the Applicant and the signatures and title set forth above are the genuine signatures and titles of person(s) indicated.

_____	_____	_____
Secretary Signature	Printed Name	Date