



Account #

**LIMITED PARTNERSHIP MEMBERSHIP APPLICATION**

**Section 1 – General Member Information**

<b>Name of Business:</b>	
Business Address:	Business TIN:
	Phone:
Business email:	Fax:
<b>Guarantor Member:</b>	
Home Address:	SSN:
	Phone:
Driver's License:	Birth Date:

**Section 2 - Account Types**

The above-named member (or applicant for membership) hereby applies to open a Business Share (Savings) Account for his/her Limited Partnership in the Credit Union, and to receive each of the services checked below:

- |  |   |
|--|---|
| <input type="checkbox"/> Business Checking Account     | <input type="checkbox"/> Business Certificate Account |
| <input type="checkbox"/> Business Money Market Account | <input type="checkbox"/> ATM/Debit Card               |
| <input type="checkbox"/> Home Banking/Direct Connect   | <input type="checkbox"/> Merchant Processing Service  |
| <input type="checkbox"/> Commercial Loan               | <input type="checkbox"/> Visa Business Card Services  |

**Section 3 – USA PATRIOT Act Notice**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the financing of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account for the above named business, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you as the owner of the business, or any person designated as a signatory upon the account by you as owner. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

**Section 4 – Unlawful Internet Gambling Enforcement Act Notice**

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

**Section 5 - Application For Membership (if applicable) and Account(s)**

Unless already a member, I hereby apply for membership at Public Service Credit Union. I hereby apply for an account(s) for my Limited Partnership and agree to the terms and conditions of the Membership / Account Agreement for Businesses and Other Entities. I further agree that the Credit Union may change any term or provision of said Agreement upon thirty (30) days notice or such shorter notice period as may be required in order to comply with a change in applicable laws or regulations. I agree to abide by the Bylaws, Policies and Procedures of the Credit Union. I warrant and represent that the above-named business is validly existing and in good standing in the State of Michigan, that I as a partner have the authority to bind the above-named business to this Agreement, I authorize the Credit Union to verify or obtain further information as it may deem necessary concerning the entity and me, including the use of reports obtained from consumer reporting agencies and in accordance with the Credit Union's Member Identification Program pursuant to the USA PATRIOT Act. I acknowledge that the provision of all financial services to the business by the Credit Union is subject to qualification and approval.

Section 6 - T.I.N. Certification and Backup Withholding Information

**INSTRUCTIONS TO SIGNER:** *If you have been notified by the Internal Revenue Service (IRS) that you or the business is subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding requirement has terminated, you must strike out the language in clause 2 of the certification below.*

Under the penalties of perjury, the undersigned certifies that (1) the Taxpayer Identification Number (T.I.N.) shown on this form is the correct T.I.N. of the business named above ; **and** (2) you or the business is not subject to backup withholding because: (a) you and the business are exempt from backup withholding, or (b) you or the business has not been notified by the Internal Revenue Service (IRS) that you or the business is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you or the business that you and the business are no longer subject to backup withholding; **and** (3) you and your business are both U.S. entities. **The IRS does not require you to consent to any provision of this document other than the certifications to avoid backup withholding.**

  X   \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature

GUARANTY OF BUSINESS OR OTHER ENTITY OBLIGATIONS

The undersigned agree that they shall be jointly and severally personally liable for and hereby jointly and severally personally guaranty all obligations that the business or other entity named above may incur under any agreement between the business or other entity and the Credit Union. The undersigned also each individually authorize the Credit Union to obtain a credit report on such undersigned person

Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

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(For Credit Union Use Only)

Membership/Account approved on: \_\_\_\_\_ by \_\_\_\_\_.

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Limited Partnership Agreement



MEMBERSHIP / ACCOUNT AGREEMENT FOR LIMITED PARTNERSHIP ACCOUNTS

SIGNATURE CARD

Name of Business:
TIN of Business:
Account Number of Business:

The following individuals are authorized as specified in the Resolutions Section below to transact business with Public Service Credit Union on behalf of the above-named business:

Form section 1: Authorized Signature, Printed Name, Title, Address, Driver's License or State ID #, Social Security #, City, State, ZIP, Home Phone, Email

Form section 2: Authorized Signature, Printed Name, Title, Address, Driver's License or State ID #, Social Security #, City, State, ZIP, Home Phone, Email

Form section 3: Authorized Signature, Printed Name, Title, Address, Driver's License or State ID #, Social Security #, City, State, ZIP, Home Phone, Email

Form section 4: Authorized Signature, Printed Name, Title, Address, Driver's License or State ID #, Social Security #, City, State, ZIP, Home Phone, Email



## Resolutions

The above-named business or other legal entity (“business”) has applied for membership at Public Service Credit Union. The undersigned certifies that the following is a true representation of resolutions duly adopted by the Board of Directors/Members/Partners/Governing Body at a duly constituted meeting, as further described below:

RESOLVED, that this business is hereby authorized to apply for membership and to deposit funds into accounts at Public Service Credit Union, and agrees to be bound by the terms and conditions of any such account opened with the Credit Union.

FURTHER RESOLVED, that until further written notice, said Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any of the persons whose names and titles appear above as authorized signers.

FURTHER RESOLVED, that said Credit Union is authorized to accept a pledge of all or any part of said account as security for any obligation owed to it by this business, which shall be executed by any of the same authorized signers.

FURTHER RESOLVED, that \_\_\_\_\_ (if no name is added, the individual applying for membership on behalf of the business shall be authorized to vote) is authorized to cast any vote that may be cast at any meeting of Credit Union members on behalf of the business.

FURTHER RESOLVED, that every authorization previously granted to the Credit Union with respect to the accounts owned by the account is revoked and rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the adoption of these resolutions are ratified and confirmed. Further that every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Business Membership Application.

FURTHER RESOLVED, that the signature(s) set opposite the respective titles below are genuine and that the person(s) whose signature(s) appear on the authorization were incumbents of the office/positions of the business set opposite their respective signature(s) on the date indicated.

FURTHER RESOLVED, that the above resolutions do not conflict with or contravene the creation or governing documents of the business.

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***Certification of Limited Partnership***

We hereby certify that we are all of the partners of the above-named Limited Partnership, that the foregoing is a complete, true and correct representation of resolutions duly adopted by the partners of the Limited Partnership at a duly constituted meeting held on \_\_\_\_\_, at which the appropriate number of partners voted in favor of said resolutions, that the resolutions are recorded in the minutes of the Partnership, if any, and are now in full force and effect, and that \_\_\_\_\_ and \_\_\_\_\_ is/are the only General Partner(s) of the Limited Partnership.

General Partner Signature	_____	Date	_____
General Partner Signature	_____	Date	_____
Partner Signature	_____	Date	_____
Partner Signature	_____	Date	_____
Partner Signature	_____	Date	_____

Commercial Member Due Diligence (CDD) Questionnaire

1. Business Name: \_\_\_\_\_
2. NAICS Code: \_\_\_\_\_
3. How long have you owned this business? \_\_\_\_ years \_\_\_\_ months
4. How long have you managed this business? \_\_\_\_ years \_\_\_\_ months
5. Does your business place receive or otherwise knowingly transmit any bets or wagers by any means? \_\_\_\_ yes \_\_\_\_ no. If yes, does such activity by your company involve in any way the use of the Internet? \_\_\_\_ yes \_\_\_\_ no
6. What percentage of your gross revenue is derived from money services (for example, check cashing, selling or redeeming traveler's checks, money transmission)? \_\_\_\_\_
7. Are you registered as a Money Service Business (MSB) with FinCEN? \_\_\_\_ yes \_\_\_\_ no
8. List each of your owned business locations below.  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe your USA market area and customer base. Check all that apply.
  - Local county residents
  - Local statewide residents
  - Multi-state area residents
  - USA citizens
  - International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services. \_\_\_\_\_
10. List each agent or franchise that provides services under an agreement with your firm.  
\_\_\_\_\_
11. What types of state business license do you hold?
  - General business license
  - Special purpose business license
  - Check Cashing business license
  - Money Transmitter business license
  - Other Business license \_\_\_\_\_
12. What types of banking services do you expect to use at our financial institution on a monthly basis?
  - Currency deposits or withdrawals Number \_\_\_\_ Average Amount \_\_\_\_
  - Check deposits Number \_\_\_\_ Average Amount \_\_\_\_
  - US currency exchanges Number \_\_\_\_ Average Amount \_\_\_\_
  - Domestic wire services Number \_\_\_\_ Average Amount \_\_\_\_
  - International wire services Number \_\_\_\_ Average Amount \_\_\_\_
  - Receipt of ACH transactions Number \_\_\_\_ Average Amount \_\_\_\_
  - Internet banking services Number \_\_\_\_ Average Amount \_\_\_\_
  - Privately-owned ATM's Number \_\_\_\_ Average Amount \_\_\_\_
  - Purchase of official checks or other negotiable items Number \_\_\_\_ Average Amount \_\_\_\_
13. Which branches do you intend to use in the conduct of your business?
  - Romulus
  - WCCCD
  - Millender
  - Sumpter
  - Cadillac
  - Service Center locations

Business Representative Completing the Questionnaire: \_\_\_\_\_  
(Printed Name)

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Signature

Title / Date