



CORPORATE ACCOUNT REQUIREMENTS

Thank you for your interest in opening a business account for a corporation with Denver Community Federal Credit Union [DCFCU]. We have prepared the following checklist to assist you in opening your account. Please read this form carefully and provide all of the required information. We may not be able to open the account with incomplete information.

ADVICE: A corporation is a separate type of business entity according to IRS rules. It is important that you understand the complexities of this type of entity, either through prior knowledge or the use of a tax advisor or attorney. **DCFCU does not furnish tax, legal, or business advice.** Please indicate what type of consultant you have contacted concerning business entity formation and tax status for your corporation:

- I have consulted with a tax advisor attorney other _____.
- I have not consulted with a tax advisor, attorney, or other business advisor.

REQUIRED FORMS:

The following is a list of items needed to open a corporate account with DCFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Articles of Incorporation filed with the Colorado Secretary of State.** If you have a non-Colorado corporation, we need a copy of the Foreign corporation registration with the Colorado Secretary of State plus a copy of the corporation registration from the original state. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
- Certificate of Good Standing from the Colorado Secretary of State.** If you have a non-Colorado corporation, we need Certificates from Colorado plus from the original state of corporate filing. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
- Statement of Trade Name.** We need this only if your corporation transacts business under a different name than the official name of the corporation. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
- Employer Identification Number you received from the IRS.** Go to www.irs.gov for more information.
- Valid, government-issued picture identification for each member and additional authorized signer.**

BANK SECRECY ACT INFORMATION

In accordance with the Bank Secrecy Act, the National Credit Union Administration requires us to obtain the following information, as well as receive periodic updates. All names and Social Security Numbers will be checked against standard databases used by American financial institutions.

STOCKHOLDERS OF YOUR CORPORATION:

Please fill in the names and Social Security Numbers of the stockholders of your corporation. Also indicate whether the stockholder will be a signer on the account. If you have more than 5 stockholders, please attach a sheet with all of the stockholders using the format in the table. If the answer below is “no” for any stockholder, please provide the additional information on that stockholder in Appendix A.

Stockholder's Name & SSN	Account Signer	
SH1	Yes	No
SH2	Yes	No
SH3	Yes	No
SH4	Yes	No
SH5	Yes	No

CORPORATE OFFICERS

Please fill in the names of the corporate officers, and add the Social Security Numbers for any officers who are not stockholders.

Officer's Name (& SSN)	Account Signer	
President	Yes	No
Vice President	Yes	No
Secretary	Yes	No
Treasurer	Yes	No
Other	Yes	No

ADDITIONAL AUTHORIZED SIGNERS FOR YOUR CORPORATION:

If a person not listed above as a member of the corporation will be an additional authorized signer on the corporation account, please fill in the additional authorized signer’s name and Social Security Number.

Name of Additional Authorized Signer
AS1
AS2

PURPOSE OF YOUR CORPORATION (be specific):

SOURCE OF FUNDS FOR BEGINNING YOUR CORPORATION:

ANTICIPATED ANNUAL REVENUES: \$ _____.

CERTIFICATION:

I certify that I am an officer of the corporation named _____, which is organized under the laws of the State of _____. I further certify that the information provided on this CORPORATE ACCOUNT REQUIREMENTS is true and accurate, to the best of my knowledge and belief.

SIGNATURE _____

PRINTED NAME _____

TITLE _____

HOME ADDRESS _____

TELEPHONE _____

APPENDIX A

INFORMATION FOR CORPORATE STOCKHOLDERS NOT SIGNING ON THE ACCOUNT

SH1

Name	Social Security Number	Date of Birth
Street Address		City/State/ZIP

SH2

Name	Social Security Number	Date of Birth
Street Address		City/State/ZIP

SH3

Name	Social Security Number	Date of Birth
Street Address		City/State/ZIP

SH4

Name	Social Security Number	Date of Birth
Street Address		City/State/ZIP

SH5

Name	Social Security Number	Date of Birth
Street Address		City/State/ZIP

