



SOLE PROPRIETORSHIP ACCOUNT REQUIREMENTS

Thank you for your interest in opening a business account for a sole proprietorship 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: According to IRS rules, a sole proprietorship may use the business owner's social security number or apply for an EIN. If a trade name is used, the account title must include both the business owner's name and the trade name. It is important you understand the features of a sole proprietorship prior to opening a business account. **DCFCU does not furnish tax, legal, or business advice.** Please indicate what type of consultant you have contacted concerning your sole proprietorship:

- 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 sole proprietorship account with DCFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Social Security Number.** This number is needed if you choose to use your social security number for your business.
- Employer Identification Number you received from the IRS.** This number is needed only if you choose to obtain an EIN for your sole proprietorship. Go to www.irs.gov for more information.
- Statement of Trade Name.** We need this only if your sole proprietorship transacts business under a different name than the owner's name. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
- Valid, government-issued picture identification for the sole proprietor and any additional authorized signers.**

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.

OWNER OF YOUR SOLE PROPRIETORSHIP:

Please fill in your name and Social Security Number.

Owner's Name & SSN
M1

ADDITIONAL AUTHORIZED SIGNERS FOR YOUR SOLE PROPRIETORSHIP:

Please fill in the name and Social Security Numbers of any additional authorized signers on the account.

Names of Additional Authorized Signers & SSNs
AS1
AS2

PURPOSE OF YOUR SOLE PROPRIETORSHIP (be specific):

SOURCE OF FUNDS FOR BEGINNING YOUR SOLE PROPRIETORSHIP:

ANTICIPATED ANNUAL REVENUES: \$ _____.

CERTIFICATION:

I certify that I am the owner of the sole proprietorship named _____
 _____. I further certify that the information provided on this
 SOLE PROPRIETORSHIP ACCOUNT REQUIREMENTS is true and accurate, to the
 best of my knowledge and belief.

SIGNATURE _____

PRINTED NAME _____

HOME ADDRESS _____

TELEPHONE _____

