



## Membership Application Supplement

Member Name	Member No.	Tax Identification No. (TIN)

Organization/business ownership type:

Sole proprietorship

Partnership

Unincorporated organization

Corporation

Charitable organization

Trust

Pension/Profit Sharing Plan

Estate

What is the purpose of the account?

What is the nature of the business operation?

Will the account activity include: check cashing services, sale of redemption of money orders, travelers' checks, lottery ticket sales, money transmitter? If yes, please specify.

Will the account activity include funds from or payments related to Internet gambling?

Do you anticipate international transactions on this account? If yes, please provide details.

What is the anticipated monthly volume of deposits and withdrawals?

Please provide banking references:

Please provide copies of: Certificate of Incorporation; Articles of Incorporation; partnership documents (as applicable; not required for government or military entities).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date