

BUSINESS CREDIT APPLICATION

FOR DORT USE ONLY: Application: New Resubmission Staff Name: _____ LO#: _____ Ph: _____

SECTION 1 – Credit Request Information

Increase to existing account? Please enter TOTAL AMOUNT requested for new loan/line below and list current acct # here _____

Business Line of Credit
Amount \$ _____ Purpose: _____

Business Term Loan
Amount \$ _____ # of months: _____ Purpose: _____

Complete the following for all requests:

Please check if loan/line is to be unsecured (see Section 4(D) below for provisions applicable to expedited approval credit products).

Please check if loan/line is to be cash secured and list account number here: _____

Please check if loan/line is to be secured by real estate and provide property address: _____

Other Collateral Offered _____

Estimated collateral value \$ _____ Loans against collateral? _____ Agricultural Purpose: Yes No

SECTION 2 – Company/Sole Proprietor Information

Borrower Legal Name (under which taxes are filed)	Trade / DBA (if different)	Business Telephone ()	Business Fax ()
---	----------------------------	---------------------------	---------------------

Place of Business Address (Not P.O. Box)	City	State	Zip
--	------	-------	-----

Billing Address (if different)	City	State	Zip
--------------------------------	------	-------	-----

Borrower's Email Address	Cell Phone ()
--------------------------	-------------------

Federal Tax ID	Year Bus Established	Owner Since (MM/YY) ____/____	Average Cash Balance \$	Annual Sales (last full year) \$	Net Profit (last full year) \$
----------------	----------------------	----------------------------------	----------------------------	-------------------------------------	-----------------------------------

Business Structure: Individuals applying jointly for business purpose credit Limited Liability Co. Unincorporated Association Non-Profit Organization
 Sole Proprietorship General Partnership Limited Liability Partnership Limited Partnership S Corp. C Corp. Yes No

Description of Business Product / Service: _____ Borrower's Primary Clientele consists of: _____

State of Incorporation or Registration	State Org. ID Number (not required for sole prop.)	Business Facilities are <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Facilities Monthly Payment \$
--	--	---	----------------------------------

Other Information

Any unsettled lawsuits, judgments, or disputes? Yes No Explain _____ Bankruptcy? Yes No

Business, Date _____ Individual, Date _____ Any outstanding tax obligations? Yes No

Business, Year _____ Individual, Year _____ Existing Commercial Relationship with Dort Financial Loan Deposit Is the Business in Good Standing with the appropriate State Agency? Yes No

Outstanding Business Loans, Including Those with Dort Financial Credit Union (Use Additional Sheets if Needed)

Lender	Type of Loan	Current Balance	Monthly Payment	Secured By
		\$	\$	
		\$	\$	

SECTION 3 – Company Owners 25% or more and Other Guarantors must complete. (Use Additional Applications if Needed)

Provide personal financial information in this section if not submitting a Personal Financial Statement.

1 Name	Title	Ownership in Business %	SS#	Date of Birth	Home Telephone ()
--------	-------	----------------------------	-----	---------------	-----------------------

Home Address (if mailing address is different please use separate sheet)	City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
--	------	-------	-----	--

Annual Personal Income \$	Cash and Investments \$	Total Personal Assets \$	Total Personal Liabilities \$	If Homeowner: Market Value \$	Total Mortgage Balance \$	Mortgage/Rent Payment \$
------------------------------	----------------------------	-----------------------------	----------------------------------	----------------------------------	------------------------------	-----------------------------

2 Name	Title	Ownership in Business %	SS#	Date of Birth	Home Telephone ()
--------	-------	----------------------------	-----	---------------	-----------------------

Home Address (if mailing address is different please use separate sheet)	City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
--	------	-------	-----	--

Annual Personal Income \$	Cash and Investments \$	Total Personal Assets \$	Total Personal Liabilities \$	If Homeowner: Market Value \$	Total Mortgage Balance \$	Mortgage/Rent Payment \$
------------------------------	----------------------------	-----------------------------	----------------------------------	----------------------------------	------------------------------	-----------------------------

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. To help the government fight the funding 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. The information Lender requests may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as a taxpayer identification number or your social security number, business documents or other identifying documents, and for individuals, your date of birth and your driver's license. Lender is also required to verify the information you provide. This verification process may require you to provide Lender with supporting documentation that Lender deems appropriate and Lender reserves the right to request additional information from you from time to time.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION; INCOMPLETE APPLICATIONS WILL BE RETURNED

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

SECTION 4 – Additional Provisions & Certifications – (Please complete all appropriate areas below)

Whenever the term "Lender" appears in the Application it refers to Dort Financial Credit Union. The term "Company" refers to the business entity described in the "Company/Sole Proprietor Information" section of the Application, and the terms "Obligor" and "Obligors" refer individually and collectively to Company and each Guarantor and/or Co-signer joining in this Application, as appropriate in any given context.

A. (Please complete if multiple Guarantors are joining in this Application.) The undersigned intend to apply jointly as guarantors of the obligations of the Company listed on the Application. Each Guarantor's income and assets will be relied upon as a basis for repayment of Company's loan request.

I am applying for credit as a joint Guarantor:

Guarantor _____ Signature	_____ Print Name	_____ Date
Guarantor _____ Signature	_____ Print Name	_____ Date
Guarantor _____ Signature	_____ Print Name	_____ Date

B. Automatic Payments. Company hereby authorized Lender to automatically deduct payments from Company's Business Checking Account
 C. # _____ maintained with Lender. This authorization will remain in full force and effect until Lender has received written notice of Company's election to discontinue automatic payments and Lender has a reasonable amount of time to act on it.

D. Each undersigned Obligor: (1) Understands that this Application is subject to credit approval by Lender; (2) Certifies that all information furnished to Lender and to be furnished in connection with this Application as well as all future information is and will be true, accurate and complete and fairly presents the financial condition of Obligors; (3) Agrees that any loan approved by Lender will be used for business purposes only, and not for household, personal, family or consumer purposes; (4) Authorized Lender to obtain credit information about each Obligor from any source Lender deems necessary and reasonable in connection with the Application and the administration of any credit facility that may be granted as a result of the Application, to the extent not prohibited by law. Sources of credit information may include, however are not limited to, reports from consumer and business reporting agencies and other creditors. Each Obligor also authorizes Lender to provide credit information about Lender's credit experience with Obligors to credit reporting agencies and other creditors, from time to time. Lender will retain this Application whether or not credit is granted; (5) Certifies that Company's authorized representative is authorized to execute this Application on behalf of Company and to bind Company to the terms of the proposed credit facility and other matters set forth in this Application; (6) Authorizes Lender to share the information contained in or submitted with this Application with any of Lender's affiliates and any representatives of those affiliates; (7) Agrees to notify Lender promptly of any material changes in any such information; and (8) Acknowledges and agrees that these authorizations and certifications shall be of a continuing nature and may be relied upon by Lender for its future use until such time as written revocation is presented to Lender.

E. The provisions of this Section 4(D) are applicable only to Obligors electing to apply for one of Lender's expedited approval credit products in Section 1 above. All such Obligors jointly and severally acknowledge and agree that they are applying for an expedited approval credit facility ("Loan") with Lender, and that, if approved for the requested Loan, various terms and conditions associated with the Loan will be confirmed in writing by Lender in a separate document or documents ("Loan Terms Documents"), without further signatures being required from any Obligor. If approved for a Loan, Company promises to repay the Loan to Lender in the manner specified in the Loan Terms Documents, and each Guarantor signing below hereby guarantees payment of the Loan to Lender in the manner specified in the Loan Terms Documents. This Application and the Loan Terms Documents, taken together, will serve as a promissory note given by Company and a loan guaranty given by each Guarantor in favor of Lender if the Loan request is approved. Obligors have also been advised that no interest rate or repayment term ("Basic Terms") has been established for the requested Loan, and that late fees, default conditions and other important matters ("Supplemental Terms") will be established and set forth in the Loan Terms Documents. Obligors acknowledge that they have received a reference copy of the Supplemental Terms applicable to the Loan product being sought and an opportunity to discuss the Supplemental Terms with Lender representatives, and each Obligor has been advised that any use of the Loan facility will be conclusive evidence of Obligors' agreement to the Basic Terms and the Supplemental Terms set forth in the Loan Terms Documents. Obligors confirm that this Application and any Loan Terms Documents provided following Loan approval represents the final agreement between Lender and Obligors, and that such documents may not be contradicted by evidence of any informal agreement of the parties that is not reduced to writing and signed by an authorized representative of Lender.

Company requests the following monthly payment due for its expedited approval Loan: The _____ of each month (select the 1st through the 28th). Obligors also acknowledge that any established Loan interest rate may vary from time to time, based on Company's optional election to authorize automatic payments (see Section 4(B) above). If Company has provided such authorization, any revocation of such authorization following Loan approval will cause the Loan interest rate to increase by .25%. Please refer to the Supplemental Terms for additional important information regarding default circumstances that may lead to Lender's revocation of the authorization.

SECTION 5 – Signatures of Obligors

By their signatures below, each Obligor acknowledges and agrees that the preceding Application has been reviewed in its entirety and is complete and accurate. If Obligors are requesting an expedited approval Loan, each Obligor acknowledges having reviewed Section 4 or the Application and the Supplemental Terms in their entirety, including but not limited to the provisions regarding automatic deduction of payments and resulting Loan interest rates. If Company has elected not to authorize automatic deduction of payments after reviewing these materials, please have an authorized representative of Company initial the Application here: _____.

COMPANY NAME AND SIGNATURE

_____ Print Borrower Legal Name (name under which taxes are filed)	_____ Date	_____ Signature	_____ Print Signatory Name / Title
--	---------------	--------------------	---------------------------------------

CO-SIGNER(S)/GUARANTOR(S) NAME AND SIGNATURE

_____ Print Co-signer/Guarantor Name	_____ Date	_____ Signature	_____ Drivers License Number
---	---------------	--------------------	---------------------------------

_____ Print Co-signer/Guarantor Name	_____ Date	_____ Signature	_____ Drivers License Number
---	---------------	--------------------	---------------------------------

_____ Print Co-signer/Guarantor Name	_____ Date	_____ Signature	_____ Drivers License Number
---	---------------	--------------------	---------------------------------

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION; INCOMPLETE APPLICATIONS WILL BE RETURNED



**CONSUMER CREDIT REPORT AUTHORIZATION
(Commercial Loan Transactions)**

THIS AUTHORIZATION is given by each of the undersigned individuals (individually and collectively described as "Consumer") in favor of Dort Financial Credit Union ("Lender"), for the purpose of authorizing Lender to perform credit investigations and to obtain consumer credit reports upon terms more particularly described below.

Consumer acknowledges and agrees that this Authorization shall be of a continuing nature and may be relied upon by Lender for its future use until such time as a written revocation of the Authorization is presented to Consumer's commercial relationship officer.

This Authorization pertains to any and all commercial loans and applications outstanding with Lender from time to time ("Transactions"), as to which Consumer (or any one or more of them, if more than one) is a primary or secondary applicant or obligor, and it is intended to facilitate Lender's investigation at all times relevant to the Transactions, whether at time of application, maturity, or for periodic monitoring of open loan Transactions.

Date: _____

(Print Consumer Name)

(Consumer Signature)

(Print Consumer Name)

(Consumer Signature)

(Print Consumer Name)

(Consumer Signature)



Debt Schedule

Business Name: _____

Date: _____

Business Indebtedness:

To Whom Payable	Original Amount	Current Balance	Monthly Payment	Interest Rate	Collateral Pledged

Company Officer Signature
Date

The above signature represent (s) and warrant (s) that the above information provided to be the true and the complete business debt/liabilities of business/corporation. The intended use is for the purpose of analyzing and determining debt service requirements of the business and how it relates to business cash flow to help make the loan decision.

Personal Name: _____

Date: _____

Personal Indebtedness:

To Whom Payable	Original Amount	Current Balance	Monthly Payment	Interest Rate	Collateral Pledged

Individual's Signature
Date

The above signature represent (s) and warrant (s) that the above information provided to be the true and the complete personal debt/liabilities. The intended use is for the purpose of analyzing and determining personal debt to income and personal debt service requirements and how it relates to personal cash flow to help make the loan decision.



PERSONAL FINANCIAL STATEMENT

FINANCIAL INFORMATION All owners with ownership interest of 25% or greater, please complete. Attach additional pages if necessary.

Name _____ DOB _____ Annual Income _____
 SS# _____

Joint Owner _____ DOB _____ SS# _____

Assets	Ownership: Joint / Single	Liabilities	Ownership: Joint / Single
Cash in Dort Financial	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Loans Owed to Dort Financial	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Cash in other Financial Institutions	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Loans Owed to Others	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Real Estate Owned (Schedule 1)	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Credit Card Balances	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Securities Owned	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Real Estate Mortgages	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
401 (k)s and IRAs	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Income Taxes Payable	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Automobiles	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Other _____	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/> <input type="checkbox"/>	Other _____	\$ _____ <input type="checkbox"/> <input type="checkbox"/>
Total Assets	\$ _____	Total Liabilities	\$ _____

Schedule 1 – Real Estate Owned

RESIDENCE AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of ownership	Date Acquired	Cost	Market Value	Mortgage Balance	Monthly Payment
Residence #1							
Residence #2							
Other							
Other							

The undersigned principal(s) or guarantor(s):

- Certifies that all statements in this Application and on each document required to be submitted in connection herewith, including Federal Income Tax Returns are true, correct and complete.
- Agrees to notify Dort Financial Credit Union promptly of any material changes in any such information.
- Authorizes Dort Financial Credit Union to rely upon such statements, make inquiries and gather information as Dort Financial Credit Union deems necessary and reasonable to verify any information provided by Dort Financial Credit Union, including inquiries to the Internal Revenue Service and business credit reporting agencies and associations.
- Authorizes Dort Financial Credit Union to exchange this Application, the information contained in or submitted with this Application with business and consumer credit reporting agencies and creditors of the undersigned.
- Grants Dort Financial Credit Union permission to obtain a consumer credit report on me.
- I acknowledge and agree that this authorization shall be of a continuing nature and may be relied upon by Lender for its future use until such time as a written revocation of the authorization is presented to the Lender.

Signature _____

Date _____

Signature _____

Date _____



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity business members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who must complete this form?

This form must be completed by the person opening a new membership account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships or natural persons opening accounts on their own behalf.

What information must be provided?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- ii. An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening a membership account on behalf of a Legal Entity must provide the following information:

a. **Name and Title** of Natural Person opening account:

b. **Name, Type, and Address** of Legal Entity for which the account is being opened:

c. The following information for **each** individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** of the equity interests of the Legal Entity listed above:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

I, (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information above is complete and correct.

SIGNATURE:

DATE:

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BENEFICIAL OWNER IDENTITY VERIFICATION:

Beneficial Owner #1:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #2:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #3:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #4:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Individual with Control:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:



Business EIN/TIN: _____

Describe the goods and/or services provided by your business:

Accounts Requested and Purpose: Savings Checking General Payroll

Does your business generate revenue, directly or indirectly, from services related to or engaged in the growth, sale, or distribution of marijuana or products containing CBD or marijuana ? <input type="radio"/> YES <input type="radio"/> NO	Does your business provide any of the following services that would classify it as a Money Service Business? (i.e.. Check cashing for customers, payday loans, money transmitter, issue/sell/redeem traveler's checks or money orders, etc.) <input type="radio"/> YES <input type="radio"/> NO	Does your business engage in the growth or cultivation of hemp ? <input type="radio"/> YES <input type="radio"/> NO
---	--	--

Business and Transaction Information: Please complete the expected transaction activity for each of the following categories:

1. Do you expect to conduct cash deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

2. Do you expect to initiate cash withdrawals? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

3. Do you expect to receive wire deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

4. Do you expect to initiate wire transfers? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

5. Do you expect to receive ACH/Electronic Funds deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

6. Do you expect to conduct ACH/Electronic Funds withdrawals? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

7. Does your business invest in and/or accept payment in virtual currency? (i.e.. Bitcoin) YES NO
 **IF YES, explain: _____



8. Does your business plan on conducting transactions internationally? YES NO

****IF YES**, what types of transactions? _____

****IF YES**, what countries? _____

9. Does your business participate in or generate revenue from Internet Gambling? YES NO

****IF YES**, please explain: _____

***Please Note:** If your business participates in Internet Gambling, additional supporting documentation is required prior to establishing a new account. (DORT EMPLOYEE: Please reference procedures for a list of supporting documentation required PRIOR to account opening.)

10. **NGO/CHARITY**

Do you depend, in whole or in part, on charitable donations and voluntary service for support? YES NO

**** IF YES**, please explain: _____

***Please Note:** If your business is a NGO/Charity and international transactions are expected on this business account, Dort Financial Credit Union will contact you to request additional documentation required for our records.

11. Does your business own, operate and/or replenish privately-owned ATM's? YES NO

****IF YES**, please provide a copy of your ATM-related contract agreement within 14 days and complete the additional information below.

a. Does the ATM(s) accept:

- Withdrawals and Deposits
- Withdrawals Only

b. Do you have access to replenish the cash within the ATM(s)? YES NO

c. What is the source of cash used to replenish the ATM(s)?

- Business Proceeds
- Armored Car Services
- Cash from a Dort Financial account
- Cash from another Financial Institution
- Other: _____

d. Please complete the chart below:

Address Location(s) of the ATM(s):	How often is the ATM cash replenished?	Expected <u>monthly</u> cash amount for the replenishment
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

*By signing below, I certify that the information stated above is true and correct to the best of my knowledge.
Falsifying information on this document may result in account closure.*

Print Name: _____

Signature: _____ Date: _____