



**NEW MEMBER APPLICATION FOR BUSINESS ACCOUNTS**

**\*\*INSTRUCTIONS\*\***

- 1) All information must be completed to avoid any delays. Place N/A if the information does not apply.
- 2) Submit a minimum \$50.00 deposit and any applicable membership fees that are required. (Please contact us)
- 3) Submit the application to the Main office, if mailed please provide a clear copy of any valid Government issued photo identification.
- 4) If you application is mailed, all signatures must be notarized.

**\*\*APPLICATION, PLEASE PRINT\*\***

CORPORATION:  ORGANIZATION:  SOLE PROPRIETORSHIP:  TIN or EIN # \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ CHARTER DATE: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/SUITE NO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CODE WORD: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CERTIFICATION TO TAXPAYER ID NUMBER AND BACKUP WITHHOLDING**

Instruction to Signer(s): If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that backup withholding had terminated, you must strike out the language in clause 2 of the certification you sign below.

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has not notified me that I am no longer subject to backup withholding (3) that I am a U.S. person (including a U.S. alien).

Signature/ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **REQUIRED DOCUMENTATION** \*\*\*\*\*

Corporation/ LLC/ Non-Profit Organization:

- Articles of Corporation
- Proof of TIN/EIN
- Corporate Resolution
- List of Officers
- Status Print-Out from NYS\*\*

Partnerships:

- Partnership Agreement
- Proof of TIN
- Corporate Resolution
- Status Print-Out from NYS\*\*

Sole Prop/ Self Employed Individuals:

\*\* [http://www.dos.state.ny.us/corps/bus\\_entity\\_search.html](http://www.dos.state.ny.us/corps/bus_entity_search.html) (Researched by CU Employee)

# **ACCOUNT RESOLUTIONS/AUTHORIZED INDIVIDUALS**

## **Authorizing Officers & Other Individuals to Act on Behalf of Organization in Transactions with Consumers Federal Credit Union**

This schedule is a resolution authorizing officers and other individuals to act on behalf of organization in transactions with Consumers Federal Credit Union ("Credit Union"), dated as of \_\_\_\_\_ made by \_\_\_\_\_ (the "organization") for the benefit of the Credit Union (the "Resolution").

For so long as the Resolution remains in full force and effect, this schedule may be amended from time to time provided, however, that Credit Union is provided with the certification hereinafter set forth.

Effective (date) \_\_\_\_\_, any individual(s) listed below are authorized to act on behalf of the organization in any of its business with the Credit Union such time as the Credit Union has received written notice to the contrary from the organization.

Replacement of all prior authorized individuals       Additional authorized individuals

### **1. AUTHORIZED INDIVIDUAL**

_____ Name (Print)	_____ Title	_____ Signature
_____ Social Security #	_____ Date Of Birth	_____ Phone#

### **2. AUTHORIZED INDIVIDUAL**

_____ Name (Print)	_____ Title	_____ Signature
_____ Social Security #	_____ Date Of Birth	_____ Phone#

### **3. AUTHORIZED INDIVIDUAL**

_____ Name (Print)	_____ Title	_____ Signature
_____ Social Security #	_____ Date Of Birth	_____ Phone#

### **4. AUTHORIZED INDIVIDUAL**

_____ Name (Print)	_____ Title	_____ Signature
_____ Social Security #	_____ Date Of Birth	_____ Phone#

**5. AUTHORIZED INDIVIDUAL**

Name (Print)	Title	Signature
Social Security #	Date Of Birth	Phone#

**6. AUTHORIZED INDIVIDUAL**

Name (Print)	Title	Signature
Social Security #	Date Of Birth	Phone#

*The undersigned Secretary of the organization hereby certifies: (i) that he/she is the Secretary of the organization: (ii) that he/she has the authority to complete and amend this schedule on behalf of the organization from time to time: (iii) that the individuals listed above are empowered by duly authorized resolutions of the organization which are now in effect to act on behalf of the organization to the extent indicated; and (iv) that Credit Union is entitled to conclusively rely on this certification until Credit Union has received written notice to the contrary for a duly authorized officer of the organization.*

\_\_\_\_\_  
Secretary's Signature

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
CU Representative or Notary Public Signature

\*\*\*For Notary Public\*\*\*

State of Commission: \_\_\_\_\_

County: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

Account Number: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Approved by (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

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