

CONSUMERS FEDERAL CREDIT UNION

425 NEPTUNE AVENUE BROOKLYN, NY 11224
4177 MERRICK ROAD, MASSAPEQUA, NY 11758
customerservice@consumersfcu.org
(P): 718-266-2204 (F): 718-266-1976

Account Number:	CREDIT UNION	Date:
Membership Eligibility:	USE ONLY	Employee Initials:

NEW BUSINESS APPLICATION & INSTRUCTIONS****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.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 & record information that identifies each person who opens a new account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

☐ CORPORATION ☐ ORGANIZATION: ☐ SOLE PROPRIETORSHIP: ☐ PARTNERSHIP TIN or EIN # _____

BUSINESS or OWNER 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**

**http://www.dos.state.ny.us/corps/bus_entity_search.html (Researched by CU Employee)

PRODUCTS AND SERVICES

Please note, your membership with Consumers Federal Credit Union is attached to the saving account. Therefore, it is mandatory that you check the savings option if you would like to take advantage of the other products listed.

☒

Savings

☐

Checking

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 or ☐ any two individuals 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. Natural Person Opening Account/Authorized Individual*

*Natural Person must be an executive officer or senior manager

First Name:		Last Name:	
Male or Female:	Date of Birth:	SSN:	- -
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Signature:		☐ If you own 25% or more of the equity interests of the legal entity listed on page one, check this box	

2. Authorized Individual

First Name:		Last Name:	
Male or Female:	Date of Birth:	SSN:	- -
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Signature:			

3. Authorized Individual

First Name:		Last Name:	
Male or Female:	Date of Birth:	SSN:	- -
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Signature:			

4. Authorized Individual

First Name:		Last Name:	
Male or Female:	Date of Birth:	SSN:	- -
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Signature:			

The undersigned natural person 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.

STATE OF:
COUNTY OF:

)
)

Signature

For Notary Public

State of Commission:_____

County:_____

My Commission Expires:_____

[Affix Notary Stamp Here]

CU Representative or Notary Public Signature