



From Banking to Belonging™

BUSINESS MEMBERSHIP APPLICATION

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, and record information that identifies each person who opens an account. What this means for 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. All applications are subject to eligibility and Credit Union approval.

Business Name _____ **TIN #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ (Cell) _____ (A) _____

Primary Member (Print Name) _____

Social Security # _____ **Account #** _____

Phone # _____ **E-mail address** _____

Additional Member (Print Name) _____

Social Security # _____ **Account #** _____

Phone # _____ **E-mail address** _____

Additional Member (Print Name) _____

Social Security # _____ **Account #** _____

Phone # _____ **E-mail address** _____

In addition to my Primary Business Share (Savings) account

- I/we authorize BHCUCU to establish a Share Draft (Checking) account. Please order basic checks.
 - I/we authorize BHCUCU to establish a VISA Check Card and agree to the terms and conditions in the Disclosure using the PIN selected below.
- Personal Identification Number (PIN) is _____. Please memorize your PIN as the Credit Union will not retain this number.
- I/we authorize BHCUCU to establish Online Banking and Audio Response Access.
 - I/we authorize BHCUCU to establish E-Statements.
 - I/we authorize BHCUCU to establish an Overdraft Privilege Service and agree to the terms and conditions in the Disclosure.

Taxpayer Certification

Under penalty of perjury, I certify (1) that the number shown on this card 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 has notified me that I am no longer subject to backup withholding. The IRS does not require the taxpayer to agree to the contractual provisions included on this form and (3) I am a U.S. person (including a U.S. Resident Alien).

I hereby make application for membership in BHCUCU and agree to conform to its bylaws and amendments thereof. I have received disclosure for any Credit Union accounts I now have and agree to the terms and conditions set forth for those and any future accounts. I also agree the Credit Union may change these terms and conditions from time to time. This account may not be pledged, transferred, or assigned to any party other than the Credit Union.

Federally Insured by NCUA

Primary Member Signature Date

Additional Member Signature Date

Additional Member Signature Date

RESOLUTION OF AUTHORITY

I/We, _____, certify that I/we am/are

- Secretary
- General/Managing Partner(s)
- Owner/Member
- Authorized Officer

of _____ (the "business"), a

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Company
- Association / Club
- Nonprofit Organization
- Other

doing business in _____ and I further certify that the following is a correct copy of a resolution that this business, having full power and lawful authority to do so, has duly adopted and has not rescinded or modified.

Be it resolved that:

- 1) BHCUCU. (the "Credit Union") is designated as a depository for the funds of this business.
- 2) This resolution shall continue in full force and effect until express written notice of its rescission or modification has been received and recorded by the Credit Union and the Credit Union shall be indemnified and held harmless from any loss suffered or liability incurred, including reasonable attorney's fees, in continuing to act in pursuance of this resolution. Any such notice shall not affect any items in process at the time the notice is given
- 3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this business with the Credit Union prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- 4) Any of the persons named below, so long as they act in a representative capacity as agents of this business are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable, from time to time with the Credit Union, concerning funds deposited with the Credit Union, subject to any restrictions stated below.
- 5) The Credit Union is directed to accept and pay without further inquiry any item bearing the appropriate number of signatures as indicated drawn against any of the business accounts.
- 6) Any and all resolutions duly adopted by this business and certified to the Credit Union as governing the operation of this business' account(s) are in full force and effect, unless revoked, modified or supplemented by this authorization.
- 7) This business agrees to the terms and conditions of any authorized representative(s) of this business, and authorizes the Credit Union, at any time, to charge this business for all checks, drafts and orders for the payment of money that are drawn on the Credit Union, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed so long as they resemble the facsimile signatures appearing below (or filed with the Credit Union from time to time) and contain the required number of signatures for this purpose.
- 8) If this business is a partnership or sole proprietorship, if the ownership of the business is changed or restructured in any way, this business shall promptly notify the Credit Union. In the event the ownership is changed in any way without notification to the Credit Union of that fact, this business shall remain fully liable in accordance with the terms of this authorization and any account agreements.
- 9) The person(s) listed below comprise(s) the exclusive list of authorized person(s) for this account
- 10) Any person listed below (subject to any restrictions indicated) is authorized to:
 - a) Open any deposit or share account(s) in the name of this business.
 - b) Endorse checks, share drafts and orders for the payment of money and withdraw funds on deposit with the Credit Union. The number of authorized signatures required for this purpose is _____.
 - c) Make other agreements, stipulations and orders which they may deem advisable, from time to time, with the Credit Union concerning funds deposited or withdrawn or any other business concerning this account transacted by and between this business and the Credit Union including for example request payroll deposit/direct deposit, overdraft protection, an ATM card, Debit card, subject to any restrictions contained herein.

Name and Title

Signature

In Witness Whereof, the undersigned having full power and authority to execute this Resolution of Authority on behalf of the Business has signed this Resolution of Authority on the _____ Day of _____, _____.

Attest by one other Officer or Partner Signature

Member Business Account Questionnaire

1) Nature of your business _____

2) Business Annual Income

\$0- \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001+

3) What average balance will you typically keep in the account? _____

4) Will funds be direct deposited to your account? Yes No

5) Will there be other ACH activity on the account exceeding \$2,000 per month? Yes No

If Yes,

a) How many _____ and

b) How much _____ will ACH activity total?

6) Will you be sending or receiving more than \$2,000 per month using wire transfers? Yes No

If Yes,

a) How many _____ and

b) How much _____ will wires be per month?

c) How many _____ and how much _____ of the wires will be International?

i) Is there a particular country or countries you will primarily be sending/receiving

wires to/from? _____

7) Do you plan to have cash deposits or withdrawals exceeding \$2,000 per month? Yes No

If Yes,

a) How many _____ and

b) How much _____ will cash transactions total per month?

8) Will there be purchases of monetary instruments such as money orders exceeding \$2,000 per month?

Yes No

If Yes,

a) How many _____ will be purchased and

b) How much _____ will they total each month?

9) I certify that I am not running an Internet Gambling Business either lawful or unlawful. I understand that if the credit union discovers that such a business is being run using my account(s) at BHCU, the account will be closed immediately.

Primary Member Signature

Additional Member Signature

Additional Member Signature

BHCU

The Only Credit Union Exclusively Serving Delaware County, PA
501 Industrial Highway, Ridley Park, PA 19078
1810 Wilmington Pike, Suite 15, Glen Mills, PA 19342
610-595-2929 | www.bhcu.org
Federally Insured by NCUA.