

# Business Membership and Account Agreement

A minimum \$5.00 deposit and a completed membership application are required to open a savings account. This deposit makes the Business listed below a "Member-Owner" of the Credit Union and entitles the Business to use the Credit Union's services. The Principal Officer of the Business must complete all sections of this application, then read and sign the Membership Agreement as an authorized signer for the Business.

(MUST CHECK ONE) BUSINESS IS A:					
SOLE PROPRIETORSHIP	CORPORATION	ASSOCIATION	PARTNERSHIP	LLC	OTHER _____
NAME OF BUSINESS		DESCRIBE YOUR BUSINESS		AEFCU MEMBER NO. (CIF)	
BUSINESS ADDRESS (NOT PO BOX)		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
TIN		BUSINESS TELEPHONE #		BUSINESS FAX #	
EMAIL ADDRESS		WEB SITE			
<b>PRINCIPAL OFFICER INFORMATION</b>					
NAME		TITLE		SOCIAL SECURITY NUMBER	
				PASSWORD	
STREET ADDRESS (NOT PO BOX)		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE	EXPIR DATE	AEFCU MEMBER NO. (CIF)

<b>GENERAL ADMINISTRATIVE DATA</b>					
DO YOU PROVIDE ONE OR MORE OF THE FOLLOWING?  YES      NO  SALE OF MONEY ORDERS STORED VALUE CARDS CURRENCY DEALING OR EXCHANGE TRAVELER'S CHEQUES MONEY TRANSMISSION CHECK CASHING			DO YOU INTEND TO USE THIS ACCOUNT FOR THE PURPOSE OF CONDUCTING TRANSACTIONS FOR INTERNET GAMBLING?      YES      NO  IF YES, YOU ARE CONSIDERED AN INTERNET GAMBLING OPERATION.		
IF YOU ANSWERED <b>YES</b> TO ANY OF THE ABOVE QUESTIONS, PLEASE COMPLETE THE FOLLOWING:					
		YES	NO	YES	NO
DO YOU CASH 3 <sup>RD</sup> PARTY CHECKS?				IN EXCESS OF \$1,000	
DO YOU ALLOW CASH BACK FOR PURCHASES?				IN EXCESS OF \$1,000	
DO YOU PROVIDE CURRENCY SALES OR EXCHANGE SERVICES?				IN EXCESS OF \$1,000	
DO YOU ISSUE/REDEEM TRAVELER'S CHEQUES AND/OR MONEY ORDERS?				IN EXCESS OF \$1,000	
DO YOU PROVIDE MONEY TRANSMISSION SERVICES?				IN EXCESS OF \$1,000	
DO YOU PROVIDE MONEY TRANSMISSION SERVICES?				IN EXCESS OF \$10,000	
IF YOU ANSWERED <b>YES</b> TO ANY QUESTION REGARDING EXCEEDING THE \$1,000 or \$10,000 THRESHOLD, OR ANSWERED <b>YES</b> TO PROVIDING MONEY TRANSMISSION SERVICES, YOU ARE CONSIDERED A MONEY SERVICE BUSINESS.					

<b>SELECT ACCOUNT SERVICES</b>	
SAVINGS ACCT # _____	MONEY MARKET ACCT # _____
BUSINESS CHECKING ACCT # _____	MONEY MARKET PLUS ACCT # _____
COMMERCIAL CHECKING ACCT # _____	CERTIFICATE ACCOUNT ACCT # _____
BUSINESS DEBIT CARD	

**AUTHORIZED SIGNERS**

The signature of the Principal Officer on this application constitutes acceptance by the Business of the terms and conditions of the Business Account Agreements that govern this Account. Principal Officer agrees to provide American Eagle Financial Credit Union, Inc. with a deposit account resolution listing authorized signatories to the account.

**Principal Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Business listed above is making application for membership and it agrees to the bylaws, as amended, of **American Eagle Financial Credit Union, Inc.** and subscribe for at least one share **non-transferable**. The Principal Officer of the Business listed above certifies that: the Business is within the field of membership of this Credit Union; the information provided on this application is true and correct; and the signature of the Principal Officer of the Business on this card applies to all accounts under the Business name at this Credit Union now or in the future. The Principal Officer of the Business listed above certifies that the TIN number shown on this form is the correct taxpayer identification number for the Business (or that the Business has applied for and is waiting for a number to be issued to it).

**American Eagle Financial Credit Union, Inc.** is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The Officers/Owners/Managers/Partners of this account have agreed at a meeting which is documented in a separate Resolution of Authority that all sums now paid in shares, or heretofore or hereafter paid in shares by any authorized signers for the Business, with all accumulations thereon, are and shall be owned by the Business, and are subject to withdrawal or receipt by any of the authorized signers for the Business. The right and authority of the Credit Union under this Agreement shall not be changed or terminated by said authorized signers, or any of them, except by written notice to said Credit Union which shall not affect transactions theretofore made.

By signing below and under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). **Certification Instructions:** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete W-8 BEN if you are not a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____	_____	_____	_____
Name	Social Security #	Date	Signature
_____	_____	_____	_____
Name	Social Security #	Date	Signature
_____	_____	_____	_____
Name	Social Security #	Date	Signature

**CREDIT UNION USE ONLY – Eligibility for Membership:**

<b>PRINCIPAL BUSINESS OWNER</b> <b>USA PATRIOT ACT VERIFICATION (MIP)</b> In Person    Not Present		<b>BUSINESS</b> <b>USA PATRIOT ACT VERIFICATION (MIP)</b> In Person    Not Present	
<b>VERIFICATION METHOD USED (CHOOSE ONE)</b> Drivers License    Military ID    US Passport    State ID Card Other _____ Not Present: <input type="checkbox"/> <a href="http://www.creditscreener.com">www.creditscreener.com</a> <input type="checkbox"/> Other _____ ID# _____    State of Issuance _____ ID Issuance Date _____    ID Expiration Date _____		<b>VERIFICATION METHOD USED (CHOOSE ONE)</b> Tax Certificate    Business License Other Govt. issued document acknowledging the existence of the business Not Present:    CT Secretary of State Web Site    Dunn & Bradstreet Report Personal Observation of Business    E-Funds ID Verification Other _____ Business Doc. _____ # _____    Exp. Date _____	

<b>OFAC VERIFICATION</b>	Principal Officer	Business Name	Authorized Signer(s)	Verified by _____
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Branch _____	Employee _____	Date Opened _____	Mbrshp Officer _____
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# Business Account Opening Documentation Checklist

Include this checklist in the document file.

## Sole Proprietorship

Completed Membership Application  
Trade Name Certificate from the city or town in which the business is located, if using DBA  
Sole Proprietorship Resolution (MISER form)  
TIN/EIN: May be the member's SSN  
One form of primary identification for account holder

## Corporation

Completed Membership Application  
Certificate of Incorporation  
C.O.N.C.O.R.D. or Dun & Bradstreet screen print  
Corporate Resolution (MISER form)  
TIN/EIN  
One form of primary identification for each signer

## Partnership

Completed Membership Application  
Partnership Agreement (if available)  
C.O.N.C.O.R.D. screen print (if registered with State of CT)  
General Partnership Resolution (MISER form)  
TIN/EIN  
One form of primary identification for each signer

## Association

Completed Membership Application  
Association Resolution (MISER form)  
Association Charter or Bylaws (if available)  
EIN/TIN-if the signer chooses to use their SSN, discuss tax liability  
One form of primary identification for each signer

## Limited Liability Company (LLC)

Completed Membership Application  
LLC Resolution (MISER form)  
Articles of Organization  
C.O.N.C.O.R.D. screen print-check for managing member  
EIN/TIN-single member LLCs may use their SSN  
One form of primary identification for each signer

## Additional Forms:

**DBA:** An entity doing business under any other name than their/its legal one.  
Require Trade Name Certificate from the city or town in which the business is located  
**Non-Profit:**  
Require 501(c) Determination form

Exceptions: \_\_\_\_\_  
\_\_\_\_\_

Manager Signature: \_\_\_\_\_

NOTE: Other forms/types of business entities exist, if you have any questions or need guidance, please contact the ORC at ext. 5113.