



## MEMBERSHIP APPLICATION FOR BUSINESS OR ASSOCIATION

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

Date \_\_\_\_\_ Share (Savings)  ATM Card  Audio Response   
Draft (Checking)  Debit Card  Flex (On Line) Teller

**PLEASE PRINT**

Business/Association Name \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

Physical Address (required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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### JOINT OWNER (1) - AUTHORIZED USER

Joint Owners Name \_\_\_\_\_ SS/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Work Phone \_\_\_\_\_

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### JOINT OWNER (2) - AUTHORIZED USER

Joint Owners Name \_\_\_\_\_ SS/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Work Phone \_\_\_\_\_

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### JOINT OWNER (3) - AUTHORIZED USER

Joint Owners Name \_\_\_\_\_ SS/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Pursuant to the resolution certified below the above named Business applies for membership in the AZALEA CITY CREDIT UNION. By making this application, the Business agrees to conform to the Credit Union's bylaws, charter and amendments and to subscribe for at least one share. The Business agrees to abide by the terms and conditions set forth in the accompanying Master Account Agreement (Rev. 5/97) and the Fee Schedule. The Master Account Agreement and the Fee Schedule constitute the entire Agreement between the parties. There are merged herein all prior and collateral representations, promises, and conditions in connection with the subject matter hereof. Any representation, promise or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations. If any provision of this Agreement is deemed invalid, the rest of this Agreement will remain in full force and effect. The Business as established by the resolution authorizes any undersigned to act on behalf of the Business with regard to transacting any business on all account(s) established by the Business, including, but not limited to, depositing funds, withdrawing funds by any available means by which funds are withdrawn from the Credit Union, issuing stop payments, endorsing all drafts, certificates, checks and any paper or other instruments, transacting any business with the Credit Union as necessary to carry out the purpose and function of the accounts. The Business approves and ratifies any and all acts committed by the undersigned with regard to any and all accounts established with the Credit Union.

The Business authorizes the Credit Union to pay any instrument or make any charge and also receive the same from the payee or other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of any signing person or payable to such bank or others for his account or tender in payment of his individual obligations whether drawn against the account in the name of this Business or the name of any of the undersigned related to this Business as such.

The Business agrees with the Credit Union that the terms of this Agreement and the designated persons to act on behalf of the Business shall remain in full force and effect until the Credit Union receives official notice in writing from the Business of a revocation thereof by resolution duly adopted by the Business. This certification by the Business to the signature of the person named below shall be binding upon the Business until the Credit Union has actually received such notice in writing. The Business further agrees that the Credit Union is authorized to act pursuant to the resolution stated below until it has actually received such notice of a revocation and that the Credit Union shall be indemnified against any loss suffered or any liability incurred by it in the continuing to act pursuant of the resolution even though the resolution may have been changed.

By signing below, the Business specifically authorizes AZALEA CITY CREDIT UNION to check its credit and make whatever inquiries necessary in the course of establishing the Account, reviewing its use, reissuance or cancellation.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 By: \_\_\_\_\_

**AUTHORIZED SIGNEES**

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

I, \_\_\_\_\_ as \_\_\_\_\_  
 \_\_\_\_\_ of \_\_\_\_\_  
 \_\_\_\_\_ a \_\_\_\_\_ corporation, \_\_\_\_\_ partnership, \_\_\_\_\_ association, \_\_\_\_\_ limited liability company, \_\_\_\_\_ sole proprietorship, duly organized and existing

under the laws of the State of \_\_\_\_\_, (the "Business") do hereby certify that the foregoing Agreement was ratified and approved by the Business in accordance with its organizational requirements, if any. I further certify that there is no provision, term or condition of the Business limiting its power to ratify or approve the forgoing Agreement. I further certify that the specimen signatures appearing on the Agreement are the signatures of the persons authorized to sign for this Business by virtue of said approval and ratification.

Tax ID No: \_\_\_\_\_

IN WITNESS WHEREOF, I, on behalf of the Business, have subscribed my name and seal, this \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
 By: \_\_\_\_\_

\*\*\*FOR OFFICIAL USE ONLY\*\*\*

<b>STAFF DOCUMENTATION COMPLETION</b>	
Government List(s) Checked:	<input type="checkbox"/> OFAC <input type="checkbox"/> Treasury CIP List <input type="checkbox"/> Other: _____
Verification Completion By: _____	Date: _____    Membership Opened By: _____    Date: _____
R 09/09	
This application approved by:	
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Executive Committee <input type="checkbox"/> Membership Officer
_____	_____
Date	Authorized Credit Union Signature