



Date: _____

Membership Number: _____

Supersedes Card Dated: _____

Reason: _____

Business Membership and Account Application

FEDERAL NOTICE ABOUT ACCOUNT OPENING PROCEDURES: 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. 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 government issued identification or other valid identifying documents for each owner/signer listed on this application. We may use outside sources such as credit reporting agencies to confirm the information you gave us.

For business accounts, required documentation depends on your business’s form of organization. We require at least one current valid identification for each individual who is authorized to transact on the business account(s), which must be a driver’s license or ID card issued by a U.S. state, a passport, or a U.S. military ID.

UNCLE CU cannot offer services to the following: (a) businesses engaged in activity that is not legal in all 50 states (e.g., marijuana-related businesses), (b) gambling businesses, (c) money service businesses, or (d) businesses involved in significant activity outside the United States. UNCLE CU reserves the right to refuse to service to any business whose activity, in our sole judgment, poses an unacceptable level of financial, legal or reputational risk. “Company” refers to the business entity applying for membership and account services with UNCLE CU.

ELIGIBILITY FOR UNCLE CU MEMBERSHIP: Your business or unincorporated association is in, or organized within, or operates within our field of membership: Alameda, Contra Costa, Stanislaus or San Joaquin County or the business owner is an existing member of UNCLE Credit Union.

Company Legal Name:	
Company Entity Type	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Limited Liability Company	
Company Status	
<input type="checkbox"/> For-Profit	<input type="checkbox"/> Non-Profit
DBA:	
Physical Address of Business:	
Mailing Address (if different):	
Company Tax ID:	Email Address:
Telephone Number:	

Business Purpose or Function of Business – List all significant activity(ies) in which your business is engaged. *Please be specific: Examples: “retail sale of clothing and jewelry;” “sales and service of commercial vehicles;” “housing, clothing, counseling, and school re-entry services to homeless youth.”*

Account Administrator and Authorized Signers

Each individual named below can, acting alone, initiate any transaction on any account established by UNCLE CU for Company. Only the Account Administrator can open or close accounts or change signature authority. Company acknowledges that UNCLE CU operates in an automated processing environment and cannot monitor compliance with multiple signature requirements.

	Account Administrator	Authorized Signer 1	Authorized Signer 2
Name			
Job Title			
Ownership %, if applicable			
Physical Residence Address			
City, State, Zip Code			
Date of Birth			
Social Security Number			
Citizenship			
ID Type			
Issuing Agency			
ID Number			
Issue Date			
ID Expiration Date			
Mother's Maiden Name			
Home Phone Number			
Cell Phone Number			
Work Phone Number			
Preferred Contact Method			
Signature Exemplar			

Authorized Signature

By signing this Application (or typing your name in the signature space if you submit the application electronically), you, the designated Account Administrator for the Company on this Application, warrant that all information provided on this application is correct and complete, no material information has been omitted, and this application is for business membership and accounts and not for personal, family or household membership or accounts. You represent that you know of no reason that Company will be unable to meet its financial obligations to UNCLE CU. UNCLE CU is authorized to verify the statements on this application and the associated Business Membership Account Profile and review the credit of Company and any individuals who guaranty Company's obligations to UNCLE CU with third parties such as financial institutions, credit bureaus and other creditors. You confirm that all services that UNCLE CU extends to Company will be subject to the UNCLE CU Business Membership and Account Agreements as well as any specific agreements governing services established for Company. You agree to provide financial verification documents and any other current financial information that UNCLE CU requests. If this application is submitted electronically, electronic signatures will have the same legally binding force and effect as original signatures.

Account Administrator Signature: _____ Date: _____

Substitute W-9 The Internal Revenue Service (IRS) does not require consent to any term of any agreement with Uncle CU other than the certifications required to avoid backup withholding. UNCLE CU does not collect FATCA codes. For more detailed instructions and information about W-9 certification, ask an UNCLE CU representative or visit www.irs.gov. **Under penalties of perjury, I certify that: (1) The number shown on this form is Company's correct taxpayer identification number (or Company is waiting for a number to be issued); (2) Company is not subject to backup withholding because: (a) Company is exempt from backup withholding, or (b) Company has not been notified by the IRS that Company is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified Company that Company no longer subject to backup withholding; and (3). Company is a U.S. citizen or other U.S. person (an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S.; an estate [other than a foreign estate]; or a domestic trust [as defined in Internal Revenue Service Regulations section 301.7701-7.]**

This box is checked if Company is subject to backup withholding.

Authorized Signature

Date

RESOLUTIONS AUTHORIZING APPLICATION TO UNCLE CREDIT UNION FOR BUSINESS MEMBERSHIP AND RELATED SERVICES (Required for all applicants except sole proprietors.)

By signing below, the undersigned certifies that s/he is the current _____ (Title) of _____ (Legal Name of Business on Application, "Company") and is duly authorized to make, and hereby makes under penalty of perjury the following certification:

The Board of Directors or other governing body of Company adopted, by majority vote at a regular or special meeting held on _____, 20_____, or by unanimous written consent, and has not thereafter altered or revoked, the following resolutions:

- A. RESOLVED, _____ (Name & Title) is authorized and directed to execute on behalf of the Company any application for membership, accounts and/or credit with UNCLE Credit Union and to enter into any agreement with UNCLE Credit Union and to take any other action relating to such agreement that he or she deems appropriate in connection with the establishment, change or closing of Company's membership, accounts and/or credit with UNCLE Credit Union; and
- B. FURTHER RESOLVED, _____ (Name & Title) is authorized and directed to act as Company's Account Administrator with respect to business accounts and credit established for Company by UNCLE Credit Union; and
- C. FURTHER RESOLVED, _____ (Name & Title) is/are authorized and directed to act as Company's Authorized Signers with respect to business accounts established for Company by UNCLE Credit Union; and
- D. FURTHER RESOLVED, by applying for membership, accounts and/or credit, _____ (Name & Title) is authorized and directed to bind the Company to the terms of any Agreement governing the establishment by UNCLE Credit Union of membership, accounts or credit for Company.

Executed at _____ (City, State) on _____ (Date).

CEO or Secretary Signature

CEO or Secretary Printed Name