



Business Membership Application

University of Michigan Credit Union
 PO BOX 7850
 Ann Arbor, MI 48107-7850

Member Number:

Business Account Authorization

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

BUSINESS INFORMATION

NAME OF ORGANIZATION				OTHER TRADE OR DBA NAME(S)			
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Club/Group (Unincorporated)	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Regarded <input type="checkbox"/> Disregarded	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership (LLP)					
I/We hereby apply for the following accounts:				Accounts Services:			
<input checked="" type="checkbox"/> Savings (required)	<input type="checkbox"/> Business Advantage Checking	<input type="checkbox"/> Debit Card	<input type="checkbox"/> MemberNet Online Banking	<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Money Market Savings	<input type="checkbox"/> Bill Pay	
<input type="checkbox"/> Overdraft Protection from Share Savings							
STATE ORGANIZED		EIN/TIN		NAICS CODE			
BUSINESS LICENSE NUMBER		ISSUANCE DATE		EXPIRATION DATE		STATE ISSUED	
MAILING ADDRESS			CITY		STATE		ZIP CODE
PHYSICAL ADDRESS			CITY		STATE		ZIP CODE
BUSINESS PHONE		OTHER PHONE		EMAIL			
MEMBERSHIP ELIGIBILITY / CURRENT MEMBER ACCOUNT				NATURE OF BUSINESS			

PRINCIPALS OR OWNERS OF THE BUSINESS ENTITY, INCLUDING ANY BENEFICIAL OWNERS

- Beneficial Owners are any individuals (natural persons) owning 25% or more of the equity interest in this legal entity and any individuals (natural persons) with significant responsibility to control this legal entity.
- Include each of the individual(s) who, directly or indirectly, through any contract, arrangement, understanding, relationship, intermediary, tiered entity, or otherwise, owns 25% or more of the equity interest in this legal entity.
- Include each of the individual(s) with significant responsibility to control this legal entity (CEO, CFO, managing partner, etc.).

FIRST NAME		LAST NAME		BIRTH DATE		SSN	
TYPE OF IDENTIFICATION <input type="checkbox"/> State DL <input type="checkbox"/> State ID <input type="checkbox"/> US Passport <input type="checkbox"/> Foreign Passport			IDENTIFICATION LICENCE NUMBER		ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED
STREET ADDRESS			CITY		STATE		ZIP CODE
OWNERSHIP SHARE %	TITLE			BENEFICIAL OWNER TYPE <input type="checkbox"/> None <input type="checkbox"/> Owner <input type="checkbox"/> Control <input type="checkbox"/> Owner & Control <input type="checkbox"/> Information Only			
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TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- (1) The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and
- (2) The Account Owner is not subject to backup Withholding because: (a) it is exempt from backup Withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup Withholding, and
- (3) The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup Withholding because it has failed to report all interest or dividends on its tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

WHEREAS on this _____ day of _____, it has been determined, that it is in the best interest of Business/Organization to establish a membership in and depository relationship with the **UNIVERSITY OF MICHIGAN CREDIT UNION**.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with the Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy or the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/Organization holds the Credit Union harmless form and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions that Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership Account Agreement and the signature of at least one Authorized Person must appear on the appropriate document.

By signing below the undersigned agree to the by-laws of this Credit Union and applicable account terms and conditions, as amended from time to time; to pay any membership or entrance fee; and authorized the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to this Business Account Card, The Business Membership and Account Agreement, the Funds Availability Policy disclosure and additional documents and disclosures the Credit Union has provided. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____

SIGNATURE PRINTED NAME: _____ DATE

X _____

SIGNATURE PRINTED NAME: _____ DATE

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FOR CREDIT UNION USE ONLY

DATE	BRANCH NAME	EMPLOYEE	MEMBERSHIP ELIGIBILITY VERIFIED