



Business Membership Account Card

BUSINESS PROFILE

Account Number (if applicable): _____ Password (for phone transactions): _____

Business Name: _____ TIN/SSN: _____

Business Physical Address: _____

Business Mailing Address: _____

Phone: (____) _____ Fax: (____) _____ Cellular: (____) _____

Type of Business: _____

Type of Entity: Sole Proprietor/DBA Corporation Limited Liability Company (LLC) Nonprofit Organization
 General Partnership Sub S Corporation Limited Liability Partnership (LLP) Association

ACCOUNTS & SERVICES

Savings Checking Money Market Other _____

Cache (ATM) Card Visa Debit Card Internet Home Banking Internet Home Banking & Bill Payer

BUSINESS OWNERS

| | |
|--|--|
| Name _____ DOB ____/____/____ | Name _____ DOB ____/____/____ |
| Title _____ | Title _____ |
| Home Physical Address _____ | Home Physical Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Social Security # _____ Driver's License # _____ | Social Security # _____ Driver's License # _____ |
| Home Phone (____) _____ Cell Phone (____) _____ | Home Phone (____) _____ Cell Phone (____) _____ |
| Name _____ DOB ____/____/____ | Name _____ DOB ____/____/____ |
| Title _____ | Title _____ |
| Home Physical Address _____ | Home Physical Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Social Security # _____ Driver's License # _____ | Social Security # _____ Driver's License # _____ |
| Home Phone (____) _____ Cell Phone (____) _____ | Home Phone (____) _____ Cell Phone (____) _____ |

By signing below:

- I/we designate Mid-Hudson Valley Federal Credit Union as a depository of this Business and that funds of this Business deposited in said Credit Union be subject to withdrawal upon checks, notes, bills of exchange, acceptance, undertakings and other orders for this payment of money when signed on behalf of the business by any **ONE** Authorized Signer.
- I/we authorize the Credit Union to obtain a credit report to verify my/our eligibility for the accounts and services requested and each of the signers certifies and agrees that the terms of this Account Card apply to the Business and Business Owner(s) listed above. I/we agree to the terms and conditions of the Membership and Business Account Agreement, Funds Availability Policy and Electronic Funds Transfer Agreement, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. **The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.**
- I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
 I am subject to backup withholding I am not a United States citizen or resident (complete W-8 form) Exempt
- Bill Payer Service (if applicable): I authorize Mid-Hudson Valley Federal Credit Union and any third party acting on its behalf to serve as my agent in processing payments to merchants pursuant to my payment instructions, and I authorize the Credit Union to post or withdraw such payments from my designated accounts. I understand that MHVFCU may not make certain payments if sufficient funds are not available in my designated account. This authorization is in force until revoked by me or MHVFCU in writing. Use of MHVFCU's Internet Services constitutes acceptance of the terms and agreement furnished to me with my Welcome Kit.

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

FOR OFFICE USE ONLY OFAC _____ Overdraft Choice _____ DP _____ Disc _____
 Approved by Membership Officer _____ Date _____ Initials _____ Date _____

Business Account Card

The Business Account Card is used in establishing accounts and services for business members of Mid-Hudson Valley Federal Credit Union. A minimum of \$5 in a Primary Savings Account is required to establish membership and enables you to take advantage of all of the other products and services offered at MHV. The Account Card records business owners of the account. This Card must be completed before a business or organization opens a Credit Union account or service.

Business/Organization Resolution Of Authority

- 1. Business.** The Business name shown on reverse is the complete and correct name of the Business. If applicable, all registered assumed names under which the Business does business are shown above. Each Business Owner warrants that the Business has been duly formed and currently exists.
- 2. Business Owner(s).** Each person shown on the reverse has one of the following relationships to the Business based on the business structure.
 - Sole proprietorship/DBA— sole proprietor
 - Partnership – all partners
 - Corporations – all officers and all shareholders
 - LLPs and LLCs – all members
 - Associations – all officers or authorized parties
 - Non-Profit Organizations – all officers
- 3. Authority.** Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union. Any such notice shall not affect any items in process at the time notice is given. A Business Owner (as defined above) must notify the Credit Union of any change in the Business composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Business and the Credit Union before any such change occurs.
- 4. Liability.** The Business and Business Owner(s) agree that the Credit Union shall not be liable for any losses due to the Business Owner's failure to notify the Credit Union of such changes. The Business and Business Owner(s) agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the Credit Union relies prior to notice of any account change or change of Business Owner.
- 5. TIN CERTIFICATION.** Generally corporations and nonprofit corporations are exempt from backup withholding —check “Exempt” box. For a sole proprietor or partnership, determine if the individual is subject to backup withholding or is a nonresident. If neither apply, no boxes need to be checked. (For questions, see Instructions to Form W-9.)

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.

REQUIRED DOCUMENTS TO OPEN YOUR MHV BUSINESS ACCOUNT

Sole Proprietor / DBA

- _____ Completed MHV Business Account Card
- _____ MHV Authorized Signer(s) Card
- _____ Copy of DBA / Sole Proprietor Business Certificate that has been filed with the County Clerk
- _____ NYS Driver's License or Photo ID with a physical address, if a PO Box proof of residency is required

Corporation / Sub S Corporation

- _____ Completed MHV Business Account Card
- _____ MHV Authorized Signer(s) Card
- _____ MHV Corporate Depository and Signing Resolution
- _____ Copy of Corporate Filing Receipt (From Black Book)
- _____ NYS Driver's License or Photo ID with a physical address, if a PO Box proof of residency is required

Partnership

- _____ Completed MHV Business Account Card
- _____ MHV Authorized Signer(s) Card
- _____ Copy of Partnership Agreement Business Certificate that has been filed with the County Clerk
- _____ NYS Driver's License or Photo ID with a physical address, if a PO Box proof of residency is required

LLC / LLP

- _____ Articles of Organization
- _____ Completed MHV Business Account Card
- _____ MHV Authorized Signer(s) Card
- _____ Copy of LLC/LLP Filing Receipt (From Black Book)
- _____ NYS Driver's License or Photo ID with a physical address, if a PO Box proof of residency is required

Association / Organization

- _____ Completed MHV Business Account Card
- _____ MHV Authorized Signer(s) Card
- _____ NYS Driver's License or Photo ID with a physical address, if a PO Box proof of residency is required
- _____ Letter from officers of organization authorizing account opening and stating authorized signers