



Business Resolution of Authority Card

(In conjunction with the Membership Application or Account & Service Form)

BUSINESS PROFILE

Member Number: _____		Account Number(s): _____	
Business Name: _____		EIN/SSN: _____	
Business Physical Address: _____			
Business Mailing Address: _____			
Phone: _____	Fax: _____	Cell: _____	
Type of Business: _____			
Type of Entity:	<input type="checkbox"/> Sole Proprietor / DBA	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sub S Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)
		<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Association

BUSINESS OWNERS

Name _____ DOB _____ Title _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Home Number _____ Cell Phone _____	Name _____ DOB _____ Title _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Home Number _____ Cell Phone _____
Name _____ DOB _____ Title _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Home Number _____ Cell Phone _____	Name _____ DOB _____ Title _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Home Number _____ Cell Phone _____

AUTHORIZED SIGNERS

Name _____ DOB _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Business Phone _____ Cell Phone _____ Signature _____	Name _____ DOB _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Business Phone _____ Cell Phone _____ Signature _____
Name _____ DOB _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Business Phone _____ Cell Phone _____ Signature _____	Name _____ DOB _____ Home Physical Address _____ City _____ State _____ Zip _____ SSN _____ Driver's License # _____ Business Phone _____ Cell Phone _____ Signature _____

CERTIFICATIONS

By signing below, I/we:

- certify 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.
- designate Mid-Hudson Valley Federal Credit Union (MHV) as a financial institution utilized by this Business and that any ONE owners has the authority to inquire and transact business on the listed account.

• 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 the correct identification number and the business is:

☐ subject to backup withholding ☐ NOT subject to backup withholding

• acknowledge that the Credit Union must be notified 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 prior to the change. The foregoing powers and authority will continue until 24 hours after written notice of revocation has been delivered to MHV. I/we 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.

• acknowledge that Authorized Signers are individuals designated to conduct account transactions, including check writing, debit card usage and balance inquiries, on this account. Authorized Signers have no ownership of funds or account management rights.

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

Signature of Business Owner _____ Title _____ Date _____

I HEREBY CERTIFY TO MHV that at a meeting of the owners/Board of Directors of _____, a business entity under the laws of the state of _____ and on the _____ day of _____, 2_____, the following resolutions were adopted and are now in full force and effect:

RESOLVED that the above Certifications are acknowledged and agreed.

RESOLVED that the secretary/owner of this business entity is authorized to certify to the foregoing resolution and that the provisions thereof are in conformity with the charter and by-laws of the business entity, that there is no provision on the charter or by-laws of said business entity limiting the power of the owner/ board of directors to pass the foregoing. I further certify that the following are the genuine signatures of the persons now holding office in said business entity as indicated opposite their respective signature

IN WITNESS THEREOF, I have hereunto set my hand on this _____ day of _____, 2_____

Secretary / Owner

REQUIRED DOCUMENTS TO OPEN YOUR MHV BUSINESS ACCOUNT

Sole Proprietor / DBA

- ___ MHV Membership Application
- ___ MHV Business Resolution of Authority Card
- ___ Copy of DBA / Sole Proprietor Business Certificate that has been filed with the County Clerk
- ___ NYS Driver's License / Photo ID with street address, if a PO Box, proof of residency is required

Corporation / Sub S Corporation

- ___ MHV Membership Application
- ___ MHV Business Resolution of Authority Card
- ___ MHV Certification of Beneficial Owners
- ___ Copy of Corporate Filing Receipt (From Black Book)
- ___ NYS Driver's License / Photo ID with street address, if a PO Box, proof of residency is required

Partnership

- ___ MHV Membership Application
- ___ MHV Business Resolution of Authority Card
- ___ MHV Certification of Beneficial Owners
- ___ Copy of Partnership Agreement Business Certificate that has been filed with the County Clerk
- ___ NYS Driver's License / Photo ID with street address, if a PO Box, proof of residency is required

LLC / LLP

- ___ MHV Membership Application
- ___ MHV Business Resolution of Authority Card
- ___ MHV Certification of Beneficial Owners
- ___ Articles of Organization
- ___ Copy of LLC/LLP Filing Receipt (From Black Book)
- ___ NYS Driver's License / Photo ID with street address, if a PO Box, proof of residency is required

Association / Organization

- ___ MHV Membership Application
- ___ MHV Business Resolution of Authority Card
- ___ MHV Certification of Beneficial Owners
- ___ Letter from officers of organization authorizing account opening and stating authorized signers
- ___ NYS Driver's License / Photo ID with street address, if a PO Box, proof of residency is required

Certification of Beneficial Owner(s)

Business Member Number: _____

Person(s) opening an account/loan or completing maintenance on behalf of the Legal Entity must provide the following information:

1 NATURAL PERSON & LEGAL ENTITY INFORMATION			
Name of Natural Person		Title	
Name of Legal Entity		Type of Entity	
Legal Entity Street Address		City	State Zip

2 OWNERSHIP					
Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interest of the legal entity listed above.					
<i>Copy of unexpired US government issued photo ID required for each individual prior to account opening.</i>					
	Name	Date of Birth	Street Address	SSN (For U.S. Persons)*	% of Ownership
1					
2					
3					
4					

* For Non-US Persons, enter SSN, Passport Number, other alien ID card number & country, or other similar valid government issued photo ID number.

☐ Check here if no individual meets this definition and explain below. (ie. All <25%; Charity/Non-Profit)

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Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership. (ie. ABC Co. is 50% owned by 123 Corp. 123 Corp is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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3 CONTROL			
Please provide the following information for <u>one</u> individual with significant responsibility for managing the legal entity. (ie. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer, of any other individual who regularly performs similar functions) Note: An individual listed in section 2-OWNERSHIP may also be listed as an individual in section 3-CONTROL.			
Name		Date of Birth	SSN (For U.S. Persons)*
Street Address		City	State Zip

* For Non-US Persons, enter SSN, Passport Number, other alien ID card number & country, or other similar valid government issued photo ID number.

I, _____ (name of person opening account/loan), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

RE-CERTIFICATION OF BENEFICIAL OWNERS		Complete when <u>copy of original form</u> is used for new account or maintenance.
I, _____, hereby certify, to the best of my knowledge, that the information provided above is still complete & correct.		
Signature	Date	