



MEMBERSHIP ENROLLMENT APPLICATION
Business/Sole Proprietors/Not-For-Profit/Organization Information

Date: \_\_\_\_\_

Please check Type of Entity: [ ] Sole Proprietorship [ ] Partnership [ ] Other
[ ] Association / Club [ ] Not-For-Profit

How are you, the primary business member, eligible for Summit membership?

- [ ] Employee, retiree, volunteer, or member of \_\_\_\_\_
[ ] Live, work, worship, volunteer or attend school at \_\_\_\_\_ in the geographic boundaries of the City of Rochester, City of Buffalo, City of Syracuse, City of Geneva, City of Tonawanda, Town of Henrietta, Town of Amherst, Town of Tonawanda, or Cortland County.
[ ] An immediate family member of an employee or retiree whose name is: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_, (the Organization), with the Tax Identification Number of \_\_\_\_\_, hereby makes application for membership in The Summit Federal Credit Union and agree to its bylaws and amendments thereof and subscribe for at least one share. I further request the Credit Union to issue a Personal Identification Number (PIN) in connection with the Credit Union's audio response system (Quik Tran). Use of the PIN will be governed by the terms of the Credit Union's Electronic Funds Transfer Agreement and Disclosure which may be amended from time to time. I have read and fully understand the accompanying Business Membership and Account Agreement, and Rate and Fee Schedules, and agree to abide by their terms as the same may be amended from time to time. I certify that all statements made are true and complete and, if I have requested an overdraft protection/line of credit, are submitted for the purpose of obtaining credit. I authorize you to obtain a credit report (credit history) from a consumer reporting agency (credit bureau) in connection with this application and in connection with the update, renewal or extension of any credit granted in response to this application, as well as for marketing by The Summit only or loan pre-approval purposes. The Credit Union may use the consumer report in considering whether to offer credit and other services to me. I authorize the Credit Union to investigate and verify with others any credit and income references and other credit information about me in order to determine my eligibility for membership and/or extension of credit and for any update or renewal thereof or future extension of credit. At my request, the Credit Union will tell me whether or not it asked for a consumer credit report, and if it did, the name and address of the agency or agencies that furnished the report. The Credit Union may exchange with others (including consumer reporting agencies) information regarding its credit experience with me. If the Credit Union approves my credit application, it will send me an acceptance letter notifying me of my credit limit and a complete copy of the Overdraft Protection/Line of Credit Loan Agreement and Truth-In-Lending Disclosure Statement, which includes a statement of my billing rights. If I request an advance by any of the ways described in that agreement, I will have indicated my agreement to all of the terms of that agreement.

Certification under the Unlawful Internet Gambling Enforcement Act - In accordance with the Unlawful Internet Gambling Enforcement Act of 2006, I am prohibited from processing restricted transactions through my account at the Credit Union. Restricted transactions are transactions in which I accept credit, funds, instrument, or other proceeds from another person in connection with unlawful Internet gambling. I certify that this business does not engage in Internet gambling. I will notify the Credit Union in the event of any change in circumstance.

Certification as to taxpayer identification number/social security number and backup withholding. Under penalties of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number/social security number; (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) that I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to back-up withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Any one of the individuals listed below is authorized to sign drafts, checks and other instruments or orders for payment of money drawn against the Account or otherwise act on behalf of the Organization until such time as the Credit Union has received written notice to the contrary from the Organization: (need copies of **all** authorized signers ID)

Name/Title \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID Verification \_\_\_\_\_

Name/Title \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID Verification \_\_\_\_\_

Name/Title \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID Verification \_\_\_\_\_

Name/Title \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID Verification \_\_\_\_\_

The Credit Union is hereby directed to accept and pay any check, instrument or order for the payment of money drawn on the Account when signed as stated above without limit as to amount, without inquiry, and without regard to the disposition of any such item. The Credit Union shall not be liable in connection therewith notwithstanding that such item may be payable to the order of a person whose signature appears thereon or of any other officer of this Organization. Business Accounts (except for DBA/sole proprietorship and partnerships) are not eligible for the Courtesy Pay Service.

Any modifications to this agreement by termination or addition of one or more interested parties listed above will result in an updated Certification providing new signatures.

- The officers signing this Agreement certify that:
- (a) The Organization has designated the Credit Union as a financial institution in which accounts of the Organization may be maintained.
  - (b) The Organization has taken all actions necessary to accept the terms of this Agreement.
  - (c) They are duly authorized to sign this Agreement on behalf of the Organization.
  - (d) The persons named hold the positions indicated in the Organization.

Organization Name \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Date Business Opened \_\_\_\_\_  
Organization Address \_\_\_\_\_  
Mailing Address on The Summit FCU statement (if different) \_\_\_\_\_  
\_\_\_\_\_  
County \_\_\_\_\_ Organization Phone No. \_\_\_\_\_ Organization Email \_\_\_\_\_  
Additional business locations \_\_\_\_\_

Signed on behalf of the Organization (2 notarized signatures required, unless only one stockholder/owner and a driver's license copy is required of one of the notarized signatures).

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

STATE OF NEW YORK)  
COUNTY OF \_\_\_\_\_) SS:

STATE OF NEW YORK)  
COUNTY OF \_\_\_\_\_) SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

Where does the business currently bank? \_\_\_\_\_ Type of Business: My Business is \_\_\_\_\_

Anticipated number of cash deposits and withdrawals each month? \_\_\_\_ Anticipated dollar amount of cash deposits and withdrawals monthly? \_\_\_\_

**Does your Business place, receive or otherwise knowingly transmit any bets or wagers by any means? (Y/N) \_\_\_\_ If yes - Does such activity by your company involve in any way the use of the Internet? \_\_\_\_**

**FOR INTERNAL USE ONLY**

**Checking:** Date Opened \_\_\_\_\_ Opened by teller # \_\_\_\_\_ Date checks ordered \_\_\_\_\_

**Card Ordered:**  ATM Card  VISA Debit/Check Card # of cards \_\_\_\_\_

Card # \_\_\_\_\_

Approving Officer \_\_\_\_\_

**Other sub-accounts:** Date Opened \_\_\_\_\_ Opened by teller # \_\_\_\_\_

**For Office Use Only**

This application approved by the Board of Directors and entered \_\_\_\_\_, \_\_\_\_\_

Chairperson – Membership Committee

ChexSys \_\_\_\_\_ Records  yes  no  
 Retails  yes  no  
 1) SS# Avail \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 2) SS# Avail \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 3) SS# Avail \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 4) SS# Avail \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 Employment Verification:  Primary  Joint