



Business Membership Enrollment Application

Date: _____

Type of business:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non Profit Unincorporated Association
<input type="checkbox"/> Social Club w/EIN	<input type="checkbox"/> Unincorporated Association

How are all members of the business eligible for The Summit membership?

Member(s) is an employee, retiree, volunteer or member of the eligible company or association listed below:

OR

Member(s) is eligible because they have a family/household member (name below) who is a SFCU member or meets any of the criteria above.

Name: _____ *Relationship: _____

Address: _____

Employer: _____

**Relationship defined as spouse, sister/brother, daughter/son, parent, grandparent, grandchild or household member*

OR

Member(s)/Association lives, works, worships, volunteers or attends school in the geographic boundaries of the: (circle one)

City of Rochester City of Buffalo City of Syracuse City of Geneva City of Tonawanda

Town of Henrietta Town of Amherst Town of Tonawanda Cortland County

Account Information Request: a minimum of \$5.00 is necessary to establish membership and maintain a savings account. In addition to a Business Primary Savings Account, I would like to add these services:

Summit Business Checking Accounts (one required)

Business Enhanced Checking

Business Premium Checking

Summit Business Services

Visa™ Debit Card

Direct Deposit

Checks

Name of Business: _____ Tax Identification Number: _____

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 _____ (Business) until such time as The Summit Federal Credit Union (Credit Union) has received written notice to the contrary from the business: (need copies of **all** authorized signers identification)

Name/Title _____ Soc.Sec. # _____
Address _____ Phone # (____) _____
Signature _____ Date of Birth _____ Driver's License # _____

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Name/Title _____ Soc.Sec. # _____
Address _____ Phone # (____) _____
Signature _____ Date of Birth _____ Driver's License # _____

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 Business.

I, an individual acting on behalf of and with authority from the business referenced below, apply for an account(s) at The Summit Federal Credit Union. The Business, with the **Tax Identification Number** of _____, hereby makes application for membership at the 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 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. The Credit Union will request information such as a copy of my driver license to verify my identity per the USA Patriot Act of 2001. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. I will provide my name, address, date of birth, Taxpayer

Identification Number and any other information that will allow the Credit Union to identify me.

U.S. Citizen / Permanent Resident Alien:

Under penalties of perjury, by the signatures below, I/we certify that: (1) the number shown on this form is the account owner's correct taxpayer identification number; 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 back 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 back up withholding; and (3) the account owner has been organized in the U.S. or is a U.S. Citizen (including U.S. Resident Alien); and (4) the account owner is exempt from the Foreign Account Tax Compliance Act (FATCA) reporting. The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Please check here if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Any modifications to this agreement by termination or addition of one or more interested parties listed on the previous page will result in a new Business Membership Enrollment Application being completed, providing new signatures and identification.

By signing this Business Membership Enrollment Application, I certify, under the penalty of perjury, that:

- (a) The information provided is true, accurate, and complete.
- (b) The Business has designated the Credit Union as a financial institution in which accounts of the Business may be maintained.
- (c) The Business has taken all actions necessary to accept the terms of this Agreement.
- (d) The Business has been legally formed and exists, and I am duly authorized to sign this Agreement on behalf of the Business. I understand that I may need to provide proper evidence of the Business's existence and to establish my authority to act as an authorized signer prior to opening the account.
- (e) The persons named hold the positions indicated in the Business.
- (f) All individuals of the Business are eligible for membership.

Business Name: _____

Type of Business: _____

Date Business Established: _____

Business Address: _____

Mailing Address (if different): _____

County _____ Business Phone No. (____) _____ Business Email _____

Additional business locations _____

Signed on behalf of the Business (2 notarized or employee witnessed signatures required, unless only one owner/authorized signer).

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Dated: _____

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 _____

Employee Witness _____

Employee Witness _____

For Operations Use Only

Business Account Number: _____

Telecode: _____

Date Opened: _____

Enhanced or Premium Checking (circle one)

STAR Credit teller # _____

Approving Officer Printed Name: _____

Approving Officer Signature: _____