



Account Application and Agreement For Business Accounts

MEMBERSHIP Number (CU Use Only)	
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Attach one (1) copy of identification for **each** applicant; and if current residence not listed on ID, proof of address. **US Citizen** – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID); **Minor** – Social Security Card; **Green Card Holder** – Green Card and Social Security Card and valid Driver's License (or Passport); **Resident Foreign National** – US Visa and Passport and Social Security Card (or Record of Individual Tax ID#) Mail form to PO Box 621 Basking Ridge, NJ 07920

§USA Patriot Act: 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 to 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.

STEP 1 – ENTITY TYPE

(I am)(We are) applying for the following type of Affinity Commercial Membership (check one):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Municipality
<input type="checkbox"/> Unincorporated Association/Organization	<input type="checkbox"/> Club (Social / Recreational)		<input type="checkbox"/> Corporation

NOTE: ALL owners/partners/stockholders/principals/executors/trustees must be established AFCU Members. If not, then the business must apply to become a Select Employee Group (SEG) or the executors/trustees must become members at the time of this application.

STEP 2 – CHOOSE ACCOUNT TYPE

Indicate your initial deposit amount(s) and payment source: Cash Check or Transfer from Member # :

<input type="checkbox"/> Membership Eligibility (\$5 deposit required for new business memberships)	<input type="checkbox"/> Business Certificate(s) - \$500 min
<input type="checkbox"/> Business Basics Checking - \$0 min Initial Deposit: \$ _____	Term (in months): Initial Deposit Post Dividends to: _____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____ _____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____ _____ Months \$ _____ <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Performance Checking - \$0 min Initial Deposit: \$ _____	
<input type="checkbox"/> Business Savings - \$0 min Initial Deposit \$ _____	
<input type="checkbox"/> Business Money Manager - \$2500 min Initial Deposit \$ _____	

STEP 3 – BUSINESS / ESTATE / TRUST INFORMATION

Name of Business (incl. Corp., Inc., LLC, etc.), Estate, Trust	Corporate Doing Business As (DBA) Name, when applicable	Employer Identification Number	Business Phone Number
Business Address: Street		City	State Zip Code
Mailing Address (if different) : Street/PO Box		City	State Zip Code

BUSINESS OWNERS

STEP 4 – BUSINESS OWNER CONTROLLING PERSON

Name	Title	Percentage of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 4A – ADDITIONAL BUSINESS OWNER CONTROLLING PERSON

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 4B – ADDITIONAL BUSINESS OWNER CONTROLLING PERSON

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 4C – ADDITIONAL BUSINESS OWNER CONTROLLING PERSON

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

AUTHORIZED SIGNERS

STEP 5 – AUTHORIZED SIGNER

Name	Title	Percentage of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 5A – ADDITIONAL AUTHORIZED SIGNER

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 5B – ADDITIONAL AUTHORIZED SIGNER

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 5C – ADDITIONAL AUTHORIZED SIGNER

Name	Title	If business, % of Ownership % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	Mother's Maiden Name

STEP 6 – BUSINESS PROFILE WORKSHEET

What is the business structure of your organization?

Is your business headquartered in the United States? YES NO

Are you registered to do business in this state? YES NO

What type of business is this? (must be specific, i.e. computer consulting, healthcare provider)

Will you be using a Safe Deposit Box? YES NO

Do you act as an intermediary between your clients and the bank/credit union, performing services or arranging for services to be performed on your client's behalf? YES NO

Is your organization an embassy, foreign consulate or foreign mission? YES NO

Do you depend, in whole or in part, on charitable donations and voluntary service for support? YES NO

Which of the following will your account(s) be used for?
 General Operating Funds Payroll Savings Credit Card Processing Lottery Money Service Business Activity Other (please explain)

Does your business involve any of the following?
 Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
 Cash checks in amounts great than \$1,000 for any one person in any one day
 Issue or sell money orders in amounts greater than \$1,000 to any one person in any one day
 Transmit money on your customer's behalf electronically from one location to another?
 Administer or exchange virtual currency
 Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day
 Network-branded card sales that exceed \$1,000 maximum value per device on any given day
 None of the above

Does your business involve any of the following?
 Casinos
 Securities, futures commissions or commodity trading
 Insurance
 Loan/Finance
 Credit cards system operation
 Precious metals, stones or jewels (with purchases or sales of more than \$50,000/year)
 Pawn brokerage
 Travel agency
 Vehicle Sales (automobiles, airplanes & boats)
 Real estate closing and settlement
 None of the above

STEP 6 – BUSINESS PROFILE WORKSHEET CONTINUED

Does any portion of the business income come from internet gambling? YES NO
 If yes, must provide copy of state issued license and third party certification of internal controls

Is this a Marijuana-Related Business? YES NO

Are you a Professional Service Provider? YES NO

Does your company offer courier or armored car services to ship currency on your customer's behalf? YES NO

Will you be processing transactions that benefit a third-party? YES NO

Do you have an Automated Teller Machine (ATM) onsite? YES* NO
 *If YES who owns the machine? _____ * Who performs the daily settlement of the machine? _____

Which of the following transactions will you perform?

<input type="checkbox"/> Cash Deposits	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$10,000	<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> Cash Withdrawals	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$10,000	<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> Incoming Wire Transfers Please indicate foreign countries you will receive wires from	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$25,000	<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> Outgoing Wire Transfer Please indicate foreign countries you will receive wires from	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$25,000	<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> Incoming (non-wire) Electronic Transfers	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$25,000	<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> Outgoing (non-wire) Electronic Transfers	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$25,000	<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> Check Deposits	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$15,000	<input type="checkbox"/> Under \$15,000
<input type="checkbox"/> Check Withdrawals	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$15,000	<input type="checkbox"/> Under \$15,000
<input type="checkbox"/> Monetary Instrument Purchases	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$10,000	<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> ATM Deposits	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$10,000	<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> ATM Withdrawals	Approximate Frequency: _____ per month	<input type="checkbox"/> Over \$10,000	<input type="checkbox"/> Under \$10,000

STEP 7 – SIGNATURES

I/We hereby make application for membership in Affinity Federal Credit Union and agree to conform to its Laws and Amendments thereof and subscribe to at least one share (\$5). I certify that all of the information contained in this Application is accurate to the best of my knowledge. By signing below, I acknowledge I have received and read the agreements and disclosures for the accounts and services requested, and I agree to be bound to the terms and conditions of any account that I have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time. If applying for an automated teller machine (ATM) card, Visa Debit Card, Internet Account Access, or Telephone Banking (AUDREY), I understand and agree that the use of my Personal Identification Number (PIN), Password, or signature to access my accounts by ATM, Visa Debit Card, Internet Account Access and/or Telephone Banking (AUDREY) will be my acceptance of the terms and conditions of the applicable service agreement.

I certify under penalty of perjury that (1) the Social Security or Taxpayer Identification Number provided on this application is correct, (2) the IRS has never notified me that I am subject to 28% backup withholding, or has never notified me that I am no longer subject to such backup withholding, and (3) I am a US Person (including a U.S. resident alien). Note: If part (2) of this sentence is not true in your case, please strike out and initial before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By checking the box below, I/We consent to receive promotional, marketing, and/or solicitation emails, automated marketing phone calls or text messages from Affinity Federal Credit Union.

Affinity Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of business for this account.

X _____ Signature (Step 4)	X _____ Signature (Step 4A)
X _____ Signature (Step 4B)	X _____ Signature (Step 4C)
X _____ Signature (Step 5)	X _____ Signature (Step 5A)
X _____ Signature (Step 5B)	X _____ Signature (Step 5C)

FOR CREDIT UNION USE ONLY

Date:	Branch:	Employee:	
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Certified Resolution for Depository Authorization

New Revised*

*If Revised, also complete the *Addendum to Business Membership Application to Add and/or Remove Authorized Signers*.

Date: _____ **Account Number:** _____

Company Name: _____ Check, if Non- Profit

- Sole Proprietorship
- Corporation
- Municipality
- Limited Liability Company (LLC)
- Unincorporated Association/Organization
- Partnership
- Club, Social or Recreational

“RESOLVED:

1. That Affinity Federal Credit Union (hereinafter, “AFCU”) be and hereby is designated as a depository of this organization, and any one or more of the individuals listed herein, are hereby authorized to open a bank account or accounts from time to time with AFCU for and in the name of this organization with such title or titles as he or they may designate.
2. That the individual or individuals listed herein, signing singly – is (are) hereby authorized to sign checks, drafts, notes, acceptances, and other instruments, and orders for the payment or withdrawal of moneys, credits, items and property at any time held by AFCU for the account of this organization, and AFCU is hereby authorized to honor any or all thereof, including such as may create an overdraft or increase existing overdrafts, and such as may be payable to or for the benefit of any signer thereof or other officer or employee individually, without inquiry as to the circumstances of the issue or the disposition of the proceeds thereof and without limit as to amount. This organization agrees to indemnify and save AFCU harmless from any losses, costs, damages, expenses or claims against AFCU incurred by reason of the use or misuse of any of the individuals listed herein by the authority herein given.
3. That AFCU is hereby authorized to accept for deposit for the account of this organization for credit, or for collection, or otherwise, any or all checks, drafts, notes and other instruments of every kind endorsed by any person or by hand stamp impression in the name of this organization or without endorsement.
4. That the individual or individuals listed herein, signing singly – is (are) hereby authorized to execute and deliver such agreements relating to the use of the Night Depository facilities of AFCU, at its main office and any branch office, as AFCU may at any time and from time to time require; to designate in writing to AFCU, at any time and from time to time, the agent or agents of this organization who shall be authorized to claim and receive night depository bags, execute and deliver receipts therefore and take any other action on behalf of this organization under and pursuant to such agreements; and to change or revoke such designation, at any time and from time to time, upon notice in writing to AFCU.
5. The representative(s) signing below, are hereby authorized to undertake the following actions:
 - a) borrow money and obtain credit from AFCU on such terms as they deem advisable; to direct payment of proceeds of loans, and to make and deliver notes, drafts, acceptances, hypothecations, instruments of guaranty, and any other evidence of indebtedness of this organization therefore; and to discount and endorse any bills receivable or other paper; and to execute and deliver mortgages of real and personal property of this organization, security agreements and financing statements, and in general to create and perfect liens in favor of AFCU on any of the property of this organization;
 - b) pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, bills receivable, accounts, mortgages, merchandise, bills-of-lading, warehouse receipts, insurance policies, certificates, and any other property held by or belonging to this organization with full authority to endorse, assign or guarantee the same in the name of this organization;
 - c) withdraw from AFCU and give receipt for, or to authorize AFCU to deliver to bearer or to any designated person all or any documents and securities or other property held by AFCU for any purpose; and
 - d) authorize and request AFCU to sell stocks, bonds and any other property held by AFCU as security, or to purchase or receive additional stock (including stock splits and stock dividends), bonds or other property as further security.

6. That AFCU be and it hereby is authorized and directed to honor as genuine and authorized as instruments of this organization any and all checks, drafts, or other orders for the payment of money drawn in the name of this organization and signed on its behalf with the facsimile signature of any individual or individuals listed herein. Any individual or individuals listed herein is authorized to certify to AFCU, by specimen, the form or forms of facsimile signatures authorized by this organization for use by said person or persons, and this organization assumes full responsibility for any and all payments made by said Bank in reliance upon the facsimile signature of any person or persons named herein and agrees to indemnify and hold harmless AFCU against any and all loss, cost, damage or expense suffered or incurred by AFCU arising out of the misuse or unlawful or unauthorized use by any person of such facsimile signature or signatures.
7. That all loans, discounts and advances heretofore obtained on behalf of this organization and all notes and other obligations or evidences thereof of this organization held by AFCU, and all deposits and withdrawals heretofore made in accounts of this organization in AFCU are hereby approved and ratified.
8. That the individual or individuals listed herein are hereby authorized to act for this organization in all other matters and transactions relating to any of its business with AFCU.
9. That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification shall be received by AFCU, and certify to AFCU the foregoing resolutions, the names of the representatives of this organization, any changes from time to time in the said representatives and specimens of their respective signatures and facsimile signatures; and that AFCU may conclusively assume that persons at any time certified to it to be representatives of this organization continue as such until receipt by AFCU of written notice to the contrary.”

I/WE FURTHER CERTIFY that the individuals listed below are current representatives of said organization and the positions respectively held by them are as follows:

I/WE FURTHER CERTIFY of the above-indicated organization hereby certifies to Affinity Federal Credit Union, Basking Ridge, New Jersey, that the following Resolution was duly adopted by the above-indicated organization and is now in full force and effect (Signer/s must include self/selves and all must be included on Membership application)

_____	_____	X	_____
Business Owner's Name	Title		Business Owner's Signature Specimen
_____	_____	X	_____
Business Owner's Name	Title		Business Owner's Signature Specimen
_____	_____	X	_____
Business Owner's Name	Title		Business Owner's Signature Specimen
_____	_____	X	_____
Business Owner's Name	Title		Business Owner's Signature Specimen

_____	_____	X	_____
Authorized Representative's Name	Title		Authorized Person's Signature Specimen
_____	_____	X	_____
Authorized Representative's Name	Title		Authorized Person's Signature Specimen
_____	_____	X	_____
Authorized Representative's Name	Title		Authorized Person's Signature Specimen
_____	_____	X	_____
Authorized Representative's Name	Title		Authorized Person's Signature Specimen