

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

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