

Business/Organization Membership and Deposit Account Agreement

SUPPORTING OUR MISSION

Self-Help's mission is to create and protect ownership and economic opportunity for minorities, women, rural residents, and low wealth families and communities. Your deposit serves to support our mission by helping to fund our mortgage, small business, and nonprofit lending.

The Center for Community Self-Help (CCSH) is a nonprofit 501(c)(3) organization that develops and coordinates Self-Help's programs, raises resources, and advocates for economic opportunity. Your membership in CCSH acknowledges your support of our work.

Self-Help Credit Union deposit accounts are open to members of the Center for Community Self-Help. To join CCSH, there is a required one-time non-refundable membership fee of \$25 (\$20 is tax-deductible).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Customer Identification Program (CIP):

To help the United States 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 license or other identifying documents.

HOW DID YOU HEAR ABOUT SELF-HELP?

- Branch Referral. Specify: _____
- Conference. Specify: _____
- Friend/Family. Name: _____
- Ad/Article. Specify: _____
- Self-Help Borrower. Name: _____
- Website. Specify: _____
- Other: _____



BUSINESS/ORGANIZATION MEMBERSHIP REGISTRATION

The business is the member. Please also list a contact person.

*Business Category (check one):

- Foundation Money Manager
- Religious Institution Financial Institution
- Non-profit Other Business

FOR SELF-HELP USE ONLY: Account Number _____

Completely fill out all sections of this agreement, and mail it to the address below with your total deposit. Be sure to include your one-time, non-refundable membership fee of \$25 (\$20 is tax deductible), or the fee will be deducted from your total deposit.

Self-Help Credit Union
PO Box 3619 • Durham, NC 27702-3619
301 W. Main Street • Durham, NC 27701

*Business Name _____

*Taxpayer ID _____

*Signature of Individual Authorized to Establish this Membership _____

*Street Address _____

Mailing Address _____

*City _____

*State _____ *Zip Code _____

*Phone _____

*Primary Contact Person _____

(First)

(Middle)

(Last)

Business Email Address _____

* Indicates required information.

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ACCOUNT SELECTION

Use a check mark to indicate your account choice(s). Detailed descriptions of account types and rates are listed on our website. **Combined member deposits are federally insured up to \$100,000. Combined Individual Retirement Accounts are federally insured up to \$250,000.**

SAVINGS

Share Savings Amount \$ _____ \$25 minimum balance to open.

CERTIFICATE OF DEPOSIT

\$500 minimum deposit.

Certificate #1 Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*

Certificate #2 Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*

Certificate #3 Amount \$ _____ Circle your term choice (in months): 3 6 12 24 36 48 60
Type of CD: Standard Child Care Environmental Economic Development*

To open more than 3 CDs, include an additional page.

** The Economic Development Certificate of Deposit earns a below market rate of return, which will be set at or below the Share savings account rate.*

For CD accounts, indicate whether you prefer your dividend added to your CD balance or paid by check. If requesting payments by check, indicate whether you want the dividend issued on a monthly or quarterly basis.

Add to CD balance Check (Monthly or Quarterly)

MONEY MARKET

Money Market Amount \$ _____

\$500 minimum deposit. Monthly fee charged if balance falls below \$500. Three free checks per month. Indicate below if you require checks and/or an ATM card.

50 Printed Checks (fee charged) ATM Card

INDIVIDUAL RETIREMENT ACCOUNT

A separate, completed IRA application is required to open an IRA account. The appropriate IRA application will be mailed to you based upon the information you provide on this form. Arrange for IRA funds to be deposited at the time you submit the completed application.

IRA Type: Traditional Roth Coverdell Education Savings Account

Deposit Type: IRA Share (\$25 minimum deposit) IRA CD (\$500 minimum deposit)

Source of Funds: Rollover Transfer Initial Contribution—Tax Year _____

Deposit Total (including membership fee):

\$ _____

RESOLUTION AND SIGNATURE AUTHORITY Designating Self-Help Credit Union as Depository

A. Business/Organization _____
Address _____ **Date** _____
 _____ **Tax Payers ID #** _____
City, State, Zip Code _____ **Phone #** _____
 _____ **Ownership Type** _____

Each signer affirms the following: Under penalties of perjury, I certify (1) that the number shown on this form is the Account Name's correct Taxpayer Identification Number and (2) that the Account Name is not subject to backup withholdings either because it has not been notified that it is subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholdings (if you are subject to backup withholdings, mark out statement 2 and initial above.) This agreement also applies to other deposit and savings accounts.

The Internal Revenue Service does not require your consent to and provisions of this document other than the certifications required to avoid backup withholdings.
 The signature on this agreement should match the signature on the account application card. In the event of any difference, this "Resolution & Signature Authority" will be the ruling document.

B. Name(s) of Authorized Signer(s) on the Account	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be it Hereby Resolved (Authorized);

That Self-Help Credit Union, (hereafter referred to as SHCU) is designated as a depository for the funds of this Organization.

1. Resolved, that deposit and/or certificates of deposit be opened and maintained in the name of this Organization with SHCU in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Membership and Deposit Account Agreement and the disclosure and Fee schedules; that any one of the above officers, employees, partners, members or managers of this Organization is/are hereby authorized, on behalf of this Organization and in its name, to sign checks, drafts, notes, bill of exchanges, acceptances, certificates of deposit or other orders for the payment of money; to endorse checks, notes, bills, certificates of deposits, or other instruments, owned or held by this Organization for deposit with SHCU or for collection or discount by SHCU; to accept drafts, acceptances, and other instruments payable at said credit union; to place orders with SHCU for the purchase and sale of foreign currencies on behalf of this Organization; to execute and deliver an electronic funds transfer agreement and to appoint and delegate, from time to time, such persons who may request transfers on behalf of the Organization; keep to waive presentment, demand, protest, and notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn, or endorsed by the organization; and the above "Specimen Signatures" are the true and actual signatures of such authorized officers, employees, partners, members or manager of this Organization; and,
2. Further Resolved, that SHCU be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with foregoing resolution even though drawn or endorsed to the order of any officers, employees, partners, members or managers signing the same or tendered by him cashing, or in payment of the individual obligation of such officer, employee, partner, member or manager, or for deposit to his or her personal account, and SHCU shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolution, or the application or disposition of such instrument or the proceeds thereof; and,
3. Further Resolved, that SHCU is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Organization's name, including those payable to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the specified number of the foregoing officers, employees, partners, members or manager of this Organization and SHCU shall be entitled to honor and to charge this Organization for such checks, drafts, or other orders, regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signatures resemble the facsimile specimen duly certified to or filed with SHCU by the Secretary, Assistant Secretary or other authorized officer of this organization or manager or member, (if a limited liability company); or general partner (if a general or limited partnership) and,
4. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, or manager of this Organization shall certify to SHCU the name of the persons who are at present authorized to act on behalf of this Organization under the foregoing resolutions and

shall from time to time hereafter, as changes in the personnel of said officers, members or managers and employee are made, immediately certify such changes to SHCU by submission of a new Resolution and Signature Authority (with new signatures), and SHCU shall be fully protected in relying on such certifications of the Secretary, Assistant Secretary or other authorized officer, member or manager and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signature of any officer, employee, partner, member or manager so certified, or refusing to honor any signature not so certified; and,

5. Further Resolved, that the foregoing resolution shall remain in full force and effect until written notice of their rescission shall have been received by SHCU, and apply to any and all deposit accounts and/or Certificates of Deposit in the name of this Organization, regardless of whether the account number assigned by SHCU appears or does not appear on the face of this form or Resolution and Signature Authority; and that receipt of such notice shall not affect any action taken by SHCU prior thereto; and,
6. Further Resolved, that all transactions by any of the officers, employees, partners, members or managers of this Organization on its behalf, and in its name, with SHCU prior to the delivery to SHCU of a certified copy of the foregoing resolution are, in all respects, hereby ratified, confirmed, approved, and adopted; and
7. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, members or managers be, and hereby is, authorized and directed to certify these resolutions to SHCU and that the provisions thereof are in conformity with the Charter and bylaws, articles of Incorporation, Articles of Organization, Operating Agreement and/or Partnership Agreement of this Organization.

The Undersigned organization certifies that its appropriate officers, employees, directors, partners, managers and/or member have read, understand and agree and the undersigned organization understands and agrees to (a) the terms and conditions appearing on the resolution and signature authority; and (b) the terms and conditions of the depositors' agreement and disclosures and fee scheduled (which were furnished separately and the receipt of which is hereby acknowledged.)

C. This section is only for Corporations and Incorporated Associations.

I, the undersigned, hereby certify to SHCU that I am the Secretary/Assistant Secretary of _____ and that the Board of Directors of said Organization at a meeting at which a quorum was present adopted this Resolution and Signature Authority, and that such Resolution and Signature Authority is in full force and effect and has not been amended or rescinded.

In witness whereof, I have hereunto set my hand and the seal of the Corporation/Association this _____ day of _____, 20 _____

Secretary's Signature

D. This section is for Partnerships, Limited Partnerships, Unincorporated Associations, Limited Liability Companies (LLC, LLP & PLLC), and Sole Proprietorships.

The following designated signatures are required to certify this authorization to be correct:

- Partnerships and Limited Partnerships require two Partners' signatures.
- Unincorporated Associations require two signatures. However, if the association does not have governing body/elected officers, it will require only one signature.
- Limited Liability companies, Limited Liability Partnerships, Professional Limited Liability Companies (LLC, LLP & PLLC's) require two members' or two managers' signatures. LLC, LLP & PLLC accounts require a copy of the "Article of Organization" attached to the Resolution and Signature Card Authority forms. Sole Proprietorships require only the proprietor's (owner's) signature.

I (We) certify this Resolution and Signature Authority to be correct.

Signature	Title	Date
_____	_____	_____
_____	_____	_____