



GUIDANCE & INSTRUCTIONS FOR BUSINESS/ORGANIZATION MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION

- This guidance & instructions page and the following pages constitute the full application for membership in Self-Help Federal Credit Union (the "Credit Union"). A completed corporate resolution is required along with the business application for any business or organization applying to Self-Help Federal Credit Union for the first time. After completing the application and corporate resolution, please remember to sign and date both documents.
- Submit a check in the amount of your deposit and remember to include the amount of your membership fee along with your application. The Credit Union will confirm your membership and deposit by mailing the necessary receipts to the address you provide on the application.
- Do not include this guidance & instruction page in your mailing.

Please browse the Credit Union website
for a complete description of our deposit accounts and a listing of our current deposit account rates.



Savings federally insured to at least \$250,000.

MEMBERSHIP ELIGIBILITY

Membership in Self-Help Federal Credit Union is open to anyone who is, or becomes, a member of the Center for Community Self-Help.

MEMBERSHIP FEE

A \$25 membership fee is required of any new member of Self-Help Federal Credit Union. Of that fee, \$20 is a tax-deductible membership contribution to join the Center for Community Self-Help. The Center for Community Self-Help is a 501(c)(3) non-profit dedicated to creating and protecting ownership and economic opportunity for people of color, women, rural residents, and low-wealth families and communities. In addition, \$5 purchases a membership share in Self-Help Federal Credit Union. Both Self-Help Federal Credit Union and Self-Help Credit Union are affiliated with the Center for Community Self-Help. As such, any person(s), business, or organization that joins Self-Help Federal Credit Union or Self-Help Credit Union must only pay the \$20 membership contribution one time to establish membership in the Center for Community Self-Help. Any Self-Help Credit Union member need only pay the \$5 membership fee to join Self-Help Federal Credit Union.

SAVINGS INSURANCE

Savings insurance coverage to at least \$250,000 applies separately to membership in Self-Help Federal Credit Union and Self-Help Credit Union.

MEMBER IDENTIFICATION & FEDERAL GOVERNMENT REPORTING POLICY

- Member Identification Program (MIP): 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 license or other identifying documents.
- In accordance with MIP, the Credit Union asks that the Account Name's authorized signers submit a copy of a current government issued photo identification. Submit the requested identification along with the application.
- Signing this document authorizes the Credit Union to run a credit check on the signer(s) and any officers of the Account Name whose names appear on the application.
- FACT ACT: If the Account Name has a loan with Self-Help Federal Credit Union, we may report information about Account Name accounts to credit bureaus. Late payments, missed payments, or other defaults on Account Name accounts may be reflected in the Account Name's credit report.

Self-Help Federal Credit Union

P.O. Box 1130 Durham, NC 27702-9938

800-966-7353 (SELF)

www.self-helpfederalCU.org



BUSINESS/ORGANIZATION MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION

Member Account Number _____

Credit Union personnel must complete this section.

MEMBERSHIP INFORMATION

Business Name _____ (Print)

The business is the member. Also provide primary contact person information below.

Ownership Type _____

(Corporate, LLC, Partnership, Sole Proprietorship, etc.)

Taxpayer ID Number _____

Street Address _____

Mailing Address _____

(If not the same as street address)

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

Email Address _____

PRIMARY CONTACT PERSON (AUTHORIZED SIGNER)

Authorized Signer _____ (Print)
(First) (Middle) (Last)

Phone (home) _____ (work) _____

Complete Corporate Resolution & Signature Authority Form

It is required that a corporate resolution & signature authority form be submitted along with this application for any new membership and new account opened in the name of a business and/or organization. A signed and duly executed original version of the corporate resolution & signature authority form is required when a change in corporate officers, managers, etc. occurs.

How Did You Hear About Self-Help?

Source	Identify	Source	Identify
Friend	_____	Family	_____
Co-Worker	_____	Conference	_____
TV or Radio	_____	Publication	_____
Internet (Website)	_____	SHCU Borrower	_____
Branch Referral	_____	Mailing	_____

Credit Union Personnel Must Complete This Section:

OFAC verification: Check here () and initial _____



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BUSINESS/ORGANIZATION MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION

ACCOUNT SELECTION

Include the membership fee payment or the amount will be deducted from the amount of the account deposit.

TOTAL AMOUNT OF DEPOSIT \$ _____ (including the membership fee)

Savings

() Savings Account Amount \$ _____ \$25 minimum deposit to open.

Money Market

() Money Market Amount \$ _____
\$500 minimum deposit to open. Monthly fee charged when the balance falls below \$500. Write three free checks per month.

() Yes, I want 50 printed checks (*fee charged*)

Term Certificate

\$500 minimum deposit to open each term certificate account. Available terms (in months): 3 – 6 – 12 – 24 – 36 – 48 – 60

() Term Certificate Term _____ Amount \$ _____

() Term Certificate Term _____ Amount \$ _____

() Check here if the Account Name is opening an **Economic Development Deposit** term certificate. The dividend rate of the EDD term certificate will be set at or below the share savings account rate.

Optional: Instead of remaining with the balance, indicate whether the Account Name prefers certificate earnings (dividend) paid by check or deposited into the Account Name's Credit Union savings or money market account. If the Account Name chooses one of the abovementioned options, also indicate whether the dividend is to be issued on a monthly or quarterly basis.

() Issue Check () Monthly () Quarterly

() Deposit certificate dividends into the following Credit Union account _____ () Monthly () Quarterly

AGREEMENT AND AUTHORIZATION SIGNATURE(S) & BACKUP WITHHOLDING

By signing below, the Account Name specifically consents and agrees that Self-Help Federal Credit Union may provide legally required disclosures (Membership and Account Agreement, Truth-in-Savings Disclosure, Rate and Fee Schedules, Funds Availability Policy, Electronic Funds Transfer Agreement, and Privacy Notice Disclosure) electronically on the Self-Help website; that the Account Name has received and reviewed the legally required disclosures; and that the Account Name agrees to the terms and conditions of the disclosures, and to any amendments the Credit Union may make from time to time, which are incorporated therein. The Account Name also understands that the Account Name may request a printed copy of the disclosures as an alternative to the electronic disclosures.

Each signer affirms the following: Under penalty of perjury, I certify that (1) that the number shown on this form is the Account Name's correct Taxpayer Identification Number, and (2) the Account Name is not subject to backup withholding either because it has not been notified that it is subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified the Account Name that it is no longer subject to backup withholding. Cross out item 2 above if the IRS has notified the Account Name that it is currently subject to backup withholding because of a failure to report all interest and dividends on the tax return of the Account Name. Initial this section if you cross out item 2.

Yes, the Account Name wants to open the Credit Union account(s) identified above, and become a member of Self-Help Federal Credit Union if the Account Name is not already a Self-Help Federal Credit Union member. Furthermore, the Account Name affirms its commitment to the mission of the Center for Community Self-Help and acknowledges that the Account Name is making a \$20 membership contribution to CASH. On behalf of the Account Name, I/We hereby authorize the Credit Union to open the account(s).

Authorized Signatures

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____



Savings federally insured to at least \$250,000



Corporate Resolution and Signature Authority

Designating Self-Help Federal Credit Union as Depository

A. Business / Organization (Account) Name: _____

Address: _____
(Street, City, State, Zip Code)

Taxpayer ID Number: _____ Phone Number: _____

Ownership Type: Corporation LLC Partnership Sole Proprietorship Other (specify): _____

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 this paragraph). This agreement also applies to other deposit and savings accounts.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholdings.

The signature(s) on this agreement should match the signature(s) on the account application form. In the event of any difference, this Resolution & Signature Authority will be the ruling document.

Account # _____
(for credit union use only)

**B. Name(s) of Authorized Signer(s)
on the Account** *(print here)*

Title

Signature

Name(s) of Authorized Signer(s) on the Account <i>(print here)</i>	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be it Hereby Resolved (Authorized):

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

1. Resolved, that the deposit and/or certificates of deposit be opened and maintained in the name of this Organization with SHfedCU in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Membership Agreement and the disclosure and rate & 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, term certificates, or other orders for the payment of money; to endorse checks, notes, bills, term certificates, or other instruments owned or held by this Organization for deposit with SHfedCU or for collection or discount by SHfedCU; to accept drafts, acceptances, and other instruments payable at said credit union; to place orders with SHfedCU 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; 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 managers of this Organization; and,

2. Further Resolved, that SHfedCU 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 SHfedCU 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 SHfedCU 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 managers of this Organization, and SHfedCU 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 SHfedCU 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 SHfedCU 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 SHfedCU by submission of a new Resolution and Signature Authority (with new signatures), and SHfedCU 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 SHfedCU, and apply to any and all deposit accounts and/or term certificates in the name of this Organization, regardless of whether the account number assigned by SHfedCU 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 SHfedCU 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 SHfedCU prior to the delivery to SHfedCU 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 SHfedCU 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' arbitration agreement and disclosures and fee schedule (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 Self-Help federal Credit Union that I am the Secretary/Assistant Secretary of:

_____ ,
 (Name of Business/Organiziation)

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 _____ , _____ . _____
 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 Authority forms.
- Sole Proprietorships require only the proprietor's (owner's) signature.

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

<i>Signature(s)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signing this corporate resolution and signature authority form authorizes the credit union to run a credit check on the signers.