

Member # _____ (to be provided by the Credit Union)

Self-Help Credit Union, including its divisions, may be referred to as "Credit Union."

PRIMARY MEMBER INFORMATION

NEW MEMBERSHIP MEMBERSHIP UPDATE

ACCOUNT HOLDER (enter business/organization name here, unless applicant is a sole proprietorship)

Sole Proprietorships: Enter the full name of the business owner on the Account Holder line. Full name must match TIN on this application.

OWNERSHIP TYPE (Corporation, Partnership, LLC, PLLC, or Sole Proprietorship)

TAX IDENTIFICATION NUMBER (TIN)

Sole Proprietorships: Provide your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) as Tax Identification Number.

DATE OF BIRTH (if applicable) mm/dd/yyyy

STREET ADDRESS

CITY

STATE & ZIP CODE

MAILING ADDRESS

CITY

STATE & ZIP CODE

BUSINESS PHONE #

BUSINESS FAX #

EMAIL ADDRESS

MEMBERSHIP ELIGIBILITY DESIGNATION

Select the membership eligibility option that best matches your situation (choose one). See the application Help Sheet for additional guidance.

SELECT EMPLOYEE GROUP / ASSOCIATION Check this one if → (1) You work for an eligible company or organization, or
(2) You are a member of an eligible association such as the ***Center for Community Self-Help (CCSH)**.
Specify _____

GEOGRAPHIC - (PLACES OF SERVICE) Check this one if → (1) You live, work, worship, or attend school in the Credit Union's county or counties of service.
Specify _____

IMMEDIATE FAMILY MEMBER Check this one if → (1) A member of your immediate family is a member, or is eligible to be a member, of the Credit Union.
Specify _____

**The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for people of color, women, rural residents, and low-wealth families and communities. Membership in the Center for Community Self-Help requires a one time \$20 fee, which is a tax-deductible contribution.*

MEMBERSHIP IDENTIFICATION REQUIREMENTS

Identify your type of business among the following options, and provide the required documentation, as described, including the Tax Identification Number of the business.

Corporation: 1.) Employer Identification Number, 2.) Articles of Incorporation

Partnership: 1.) Employer Identification Number, 2.) Partnership Agreement

LLC and PLLC: 1.) Employer Identification Number, 2.) Articles of Organization

Sole Proprietorship: 1.) Social Security Number if there are no employees, or Employer Identification Number (EIN) if there are employees, 2.) Assumed Name or similar certificate showing business name is authorized under applicable law and that it has been approved by the appropriate governmental authority.

The personal documentation and information described here is required of any person listed on this application as an ACCOUNT HOLDER and/ or AUTHORIZED SIGNER.

Name
Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
Date of birth
Evidence of physical address
Copy of a valid driver license, passport, or government-issued ID card acceptable to the Credit Union

ADDITIONAL INFORMATION (SOLE PROPRIETORSHIP ONLY)

Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the Credit Union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.

What is your primary racial background? White African-American/Black Asian American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander Other (please identify) _____

What is your primary ethnic background? Non-Hispanic/Latino Hispanic/Latino

What is your gender? Male Female How many family members are in your household? _____

What is your approximate household income? less than \$25,000 \$25,000 - \$34,999 \$35,000 - \$44,999 \$45,000 - \$54,999 \$55,000 - \$64,999
 \$65,000 - \$74,999 \$75,000 - \$84,999 \$85,000 - \$94,999 \$95,000 - \$104,999 \$105,000 - \$114,999 \$115,000 +

I prefer not to share this information with the Credit Union.

**APPLICATION
BUSINESS /
NONPROFIT ORGANIZATION**

ACCOUNT SELECTION



Member # _____ (to be provided by the Credit Union)

Use the section at the bottom of the page to request cards and additional account services.

SAVINGS

Deposit Amount \$ _____

- Regular Savings Account \$5 or more to open.
- ATM card available with savings.

CHECKING

Deposit Amount \$ _____

- Business Checking \$10 monthly maintenance fee
 - Nonprofit Organization Checking \$5 monthly maintenance fee
- Debit and ATM cards, printed checks, and overdraft coverage available with checking.

MONEY MARKET

Deposit Amount \$ _____

- Money Market \$500 min. balance to earn dividends. ATM card and printed checks available.

TERM CERTIFICATE

Deposit Amount \$ _____ \$500 minimum deposit to open each certificate.

Term: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 (mths)	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Green <input type="checkbox"/> Women & Children
Term: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 (mths)	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Green <input type="checkbox"/> Women & Children
Term: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 (mths)	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Green <input type="checkbox"/> Women & Children

CERTIFICATE DIVIDEND PAYOUT OPTIONS: Instead of remaining with the balance, indicate whether the applicant prefers certificate earnings (dividends) paid by check or deposited into the Credit Union savings or money market account on a monthly or quarterly basis.

- Issue check: Monthly Quarterly
- Deposit certificate dividends Monthly or Quarterly. Into the following Credit Union account _____

ADDITIONAL CREDIT UNION PRODUCTS & SERVICES

- Online Banking Bill Pay (fee may apply) E-Statements Debit Card (with checking acct. only) ATM Card Audio Banking
- Overdraft Coverage: Transfer (fee) from account: _____, or
 Line of Credit (Requires credit approval. Nonprofit organizations are not eligible to apply for the Line of Credit option.)
- Personalized Printed Checks (fee) - the Credit Union does not provide business payroll check services. Direct Deposit
- Credit Card: Classic or Platinum (Only sole proprietorships are eligible to apply for our credit cards. Requires credit approval and separate application.)
- Duplicate Statements (provide mailing address) _____

COMBINED TOTAL AMOUNT OF DEPOSITS \$ _____

If you do not include your \$5 membership deposit along with your total account deposit, the Credit Union will deduct the amount from your deposit. The same applies to the additional \$20 fee for applicants joining through the Center for Community Self-Help. See the Help Sheet for guidance.

Your completed application must include the Corporate Resolution & Signature Authority form.



Member deposits are insured up to \$250,000 by the National Credit Union Administration (NCUA).

AUTHORIZED SIGNER INFORMATION

FIRST NAME		LAST NAME	
DRIVER LICENSE, STATE OR OTHER ID# / TYPE / ISSUING AGENCY / EXP DATE mm/dd/yyyy		DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY NUMBER / ITIN
PHYSICAL ADDRESS		CITY	STATE & ZIP CODE
HOME PHONE #		CELL PHONE #	
EMAIL ADDRESS			

AUTHORIZED SIGNER INFORMATION

FIRST NAME		LAST NAME	
DRIVER LICENSE, STATE OR OTHER ID# / TYPE / ISSUING AGENCY / EXP DATE mm/dd/yyyy		DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY NUMBER / ITIN
PHYSICAL ADDRESS		CITY	STATE & ZIP CODE
HOME PHONE #		CELL PHONE #	
EMAIL ADDRESS			

AGREEMENT AND AUTHORIZATION SIGNATURES & BACKUP WITHHOLDING CERTIFICATION

By signing below, the Account Holder agrees to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure, and Rate and Fee Schedules and to any amendments the Credit Union may make from time to time, which are incorporated therein. The Account Holder acknowledges receipt of a copy of the abovementioned disclosures, and any other agreements and disclosures applicable to the accounts and services requested herein. Additionally, the Account Holder specifically consents and agrees that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

Each signer affirms the following: Under penalty of perjury, I certify that (1) that the number shown on this form is the Account Holders's correct Taxpayer Identification Number, and (2) the Account Holder 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 Holder that it is no longer subject to backup withholding. Cross out item 2 above if the IRS has notified the Account Holder 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 Holder. Initial this section if you cross out item 2.

In accordance with provisions of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Credit Union. "Restricted transaction" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or the proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers or (iii) checks, drafts, or any similar instruments. By signing below, the signers certify on behalf of the Business that it does not engage in an internet gambling business.

Yes, the Account Holder wants to open the Credit Union account(s) identified above, and become a member of the Credit Union if the Account Holder is not already a member of the Credit Union. Furthermore, the Account Holder affirms its commitment to the mission of the Center for Community Self-Help and acknowledges that the Account Holder is making a \$20 membership contribution to CESH.

As authorized signer(s) of the business/organization, I/we hereby authorize the Credit Union to open the account(s).

AUTHORIZED SIGNER (sole proprietorship owner sign here, if applicable) SIGNATURE	DATE
AUTHORIZED SIGNER SIGNATURE	DATE
AUTHORIZED SIGNER SIGNATURE	DATE

REFERRAL INFORMATION - How did you hear about the Credit Union? Check the one that best applies, and specify. Thank you.

<input type="checkbox"/> FRIEND / FAMILY / CO-WORKER	<input type="checkbox"/> DISSATISFACTION WITH OTHER FIN. INST.	<input type="checkbox"/> SOCIALLY RESPONSIBLE INVESTMENT SEARCH	<input type="checkbox"/> ARTICLE / PUBLICATION
<input type="checkbox"/> BUSINESS / PROFESSIONAL REFERRAL	<input type="checkbox"/> INTERNET SEARCH FOR RATES	<input type="checkbox"/> EVENT / CONFERENCE	<input type="checkbox"/> ADVERTISEMENT / MAILER

SPECIFY:



FOR OFFICE USE ONLY	BRANCH	NAME OF MSR	DATE
----------------------------	--------	-------------	------