



New Certificate Selection & Signature Card

Organization Name: _____ Member #: _____

TIN #: _____

Account Type: _____ Type: _____ Suffix #: _____

Certificate Dividends (if other than remaining with the balance) Issue Check Monthly Quarterly Deposit to Account Monthly Quarterly Account #: _____

Ownership Type: _____

Authorized Signer's Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

Authorized Signer's Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

Substitute W-9 - TIN Certification

Each signer certifies in accordance with IRS W-9 instructions and under penalties of perjury, that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien). [Cross out item 3 if you are not a U.S. person, and initial here: _____]

Agreement and Authorization Signatures

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time which are incorporated therein. I/we acknowledge receipt of the abovementioned disclosures, and any agreements and disclosures applicable to the accounts and services requested herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

I/we understand that in order to become, and remain, an active member of the Credit Union, a minimum of \$5 must be maintained on account with the Credit Union. Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CCSH (if applicable). As authorized signer(s) of the business/organization, I/we hereby authorize the Credit Union to open the account(s).

Authorized Signer	Date
Authorized Signer	Date



New Certificate Selection & Signature Card

Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Complete each section of the “New Certificate Selection & Signature Card” as indicated below. If any part of the required information is not received, your membership will be delayed until all required information/items are received. If you have any questions as you complete this form, please contact us at 1-800-966-7353 or contact one of our [branches](#) closest to you.

NOTE:

In addition to a “Business Membership Application”, a “New Certificate Selection & Signature Card” form must be completed to open a Certificate of Deposits (CD) account. If you would like to open more than one CD account, please complete a “New Certificate Selection & Signature Card” form for each CD account. If there are more than two authorized signers, please use an additional “New Certificate Selection & Signature Card” form.

Organization Name

Enter the legal name of the organization /business. If the business entity is a sole proprietorship and operates under the owner’s name, enter the owner’s name. If the entity operates as a DBA, enter that information as well (E.g. “John Smith DBA John Smith’s Catering”; “J & S Inc. DBA J & S Plumbing”, etc.).

TIN Number

Enter the Tax Identification Number (TIN)/Employee Identification Number (EIN) of the business, or SSN of owner if a sole proprietorship.

Member Number & Suffix Number

This will be assigned by the Credit Union.

Account Type

Make a selection from the drop down box and select the CD term and the type of the CD account.

Note: If you wish to open more than one CD account, please complete a separate “New Certificate Selection & Signature Card” form for each account.

Refer to our website for a full description of each account type.

Certificate Dividends

If you wish to transfer the certificate dividends out of the CD account, please indicate the method of disbursement (i.e. Issue Check or Deposit to Account) and the frequency. If you want to deposit the dividends into another account held at Self-Help, enter the account number in the space provided. If you prefer to have the dividends remain in the Certificate of Deposit account that you are opening, leave blank.

Ownership Type

Select the applicable ownership type from the drop down box (i.e. Sole Proprietorship, Limited Liability, etc.). If the type of ownership is not listed in the drop down box select "Other" and enter the description.

Authorized Signer's Information

Complete the Authorized Signer's information for all signers on the account, making sure to complete all information. If a section does not apply, please indicate by N/A.

- First Name* – Enter the name of authorized signer
- Social Security Number* – Enter full social security number or ITIN of the authorized signer
- Second Name Line - Leave blank, if not applicable
- Mother's Maiden Name* – Enter authorized signer's mother's maiden name
- ID Type* – Enter or select ID type for verification. Acceptable types include: *Driver's License, Matricula Consular, Passport, State Issued ID or Military ID. For any other ID type please type a brief description.*
- Number/Value* – Enter the ID number listed on your ID
- Issued By* – Enter the Issuing state or agency for the ID
- Expiration Date* – Enter expiration date of ID
- Date of Birth* – Enter authorized signer's date of birth – mm/dd/yyyy
- Gender – Enter authorized signer's gender
- Physical Address* – Enter authorized signer's full physical address including city, state and zip (Note: the physical address must match the address listed on the ID (i.e. driver's license, state issued ID etc. If not, proof of address is required)
- Mailing Address – Enter a mailing address if different from physical address
- Other Address – Leave blank, if not applicable
- Home Phone* – Enter home phone number of the authorized signer (if a cell phone is used as the home phone list here as well)
- Cell Phone – Enter cell phone number of the authorized signer, if applicable
- Work Phone – Enter work phone number of authorized signer, if applicable
- E-mail Address – Enter primary e-mail address of authorized signer, if applicable
- Employer* – Enter authorized signer's current employer (if retired please list last employer)
- Occupation* – Enter authorized signer's occupation (if retired please list last occupation, e.g. Retired Nurse)

***Required Fields**

Please note that if there are more than two authorized signers listed on the business account, use a "New Account Selection & Signature Card" form.

Signature & Date

The "New Certificate Selection & Signature Card" must be signed by all authorized signers. Please make sure that you read the "Substitute W-9 - TIN Certification" & "Agreement and Agreement and Authorization Signatures" clause before signing and dating the "New Certificate Selection and Signature Card" form(s).