

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)

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 \$5 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 \$5 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		DATE OF BIRTH	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		DATE OF BIRTH	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.

**Important IRS Information – TIN Certification**

Each signer affirms in accordance with IRS W-9 instructions and under penalties of perjury that: (1) The number shown on this form is the Account Holder's correct Taxpayer Identification Number, (2) the Account Holder is not subject to backup withholding either because (a) the Account Holder is exempt from backup withholding, or (b) the Account Holder has not been notified by the Internal Revenue Service (IRS) that the Account Holder is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Holder that it is no longer subject to backup withholding, (3) The Account Holder is a U.S. person (including a U.S. resident alien). Cross out item 3 if the Account Holder is not a U.S. person, and initial here: \_\_\_\_\_.

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 \$5 membership contribution to CSH.

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:**



<b>FOR OFFICE USE ONLY</b>	BRANCH	NAME OF MSR	DATE
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# Corporate Resolution and Signature Authority

## Designating Self-Help Credit Union "Credit Union" as Depository

### A. Business / Organization (Account Holder): \_\_\_\_\_

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 Holder's correct Taxpayer Identification Number and (2) that the Account Holder 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	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be it Hereby Resolved (Authorized):

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

1. Resolved, that the deposit and/or term certificates be opened and maintained in the name of this Organization with the Credit Union in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Membership Agreement and other disclosures 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 the Credit Union or for collection or discount by the Credit Union to accept drafts, acceptances, and other instruments payable at said Credit Union; to place orders with the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union that 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 the Credit Union by submission of a new Resolution and Signature Authority (with new signatures), and the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union 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 the Credit Union prior to the delivery to the Credit Union 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 the Credit Union 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' membership 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 the 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 & PLLC), AND SOLE PROPRIETORSHIPS.**

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

- Partnerships, Limited Partnerships and Limited Liability Partnerships (LLPs) require signatures of two Partners, unless there is only one General Partner, in which case the signature of the sole General Partner is required and is sufficient.
- 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 and Professional Limited Liability Companies (LLCs and PLLCs) require signatures of either two Members or two Managers, unless there is only one Manager, in which case the signature of the sole Manager is required and is sufficient. LLC and PLLC accounts also require a copy of the Articles of Organization attached to this form.
- Sole Proprietorships require the proprietor's (owner's) signature, and Assumed Name or similar legal certificate showing business name.

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.