



Business Account Questionnaire

The Questionnaire MUST be Completed for ALL New Business Members before opening ANY accounts.
Note: Self-Help Credit Union DOES NOT open accounts for any entities offering services related to MSB's, marijuana, gambling or third party ACH services.

Organization Name			Tax Identification Number		
Second Name Line			Date of Incorporation / Establishment		
Physical Address			City	State	Zip
Business Phone	Contact Person	E-Mail Address			
Name of Person Opening Account		Name of Legal Entity for Which the Account is Being Opened			

I. Beneficial Owner Information

Section I

The following information for each individual, if any who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed.

Note: For Foreign Persons: Passport Number and Country of Issuance (or similar identification number) For US Persons: Social Security Number

Check here ☐ if no individual meets this definition and complete Section II.

Name		Address			
Date of Birth	Social Security Number	Passport Number (or similar identification number)		Country of Issuance	
Name		Address			
Date of Birth	Social Security Number	Passport Number (or similar identification number)		Country of Issuance	
Name		Address			
Date of Birth	Social Security Number	Passport Number (or similar identification number)		Country of Issuance	
Name		Address			
Date of Birth	Social Security Number	Passport Number (or similar identification number)		Country of Issuance	

Section II

The following information for one individual with significant responsibility for managing the legal entity listed above such as an executive officer or senior manager (Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) OR Any individual who performs similar functions.

Name		Address			
Date of Birth	Social Security Number	Passport Number (or similar identification number)		Country of Issuance	

II. Business Activity

1. Are you an Agent of a Money Services Business (e.g. Sigue, Money Gram, etc.)? If Yes list the names of the MSBs with whom you have an agent agreement. (e.g. Sigue, MoneyGram, etc.) _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you offer any of the following products/services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Check one or all of the products/services you offer (if applicable):	<input type="checkbox"/> Check Cashing	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Currency or Virtual Currency, including Bitcoin Sale & Exchange	<input type="checkbox"/> Sale of Stored Value Cards	<input type="checkbox"/> Issuer/Seller of Travel Checks & Money Orders
3. If you offer any of the above listed products/services, do you conduct more than \$1,000 in business/day with one person in one or more transactions? (e.g. cash checks for an individual aggregating to \$1,000 or more/day)					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you cash checks for your customers, do you charge a fee?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a. Does the business manufacture, distribute, or dispense any type of marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Does the business sell paraphernalia, such as vaporizers, glass pipes, detoxification liquids, bongs, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide specifics of what types of paraphernalia is sold. _____					
c. Does the business have clients/customers who provide marijuana related goods/services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. a. Does the business operate as a casino or engage in gaming (poker, bingo, video gaming dealing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Are there prizes/rewards received for playing the machines? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Are the machines associated with or placed in any internet sweepstakes cafes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

III. Business Profile Questionnaire			
1. Have any of your authorized signers/owners held a public office position in the past 12 months with a foreign government?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, list the name(s) of the individual(s), the position(s) held and the foreign government entity.</p> <p style="text-align: center;"> <u>Name:</u> <u>Position Held/Foreign Government Entity</u> </p> <p>_____</p> <p>_____</p>			
2. Do you / will you perform ACH transactions for your customers/clients?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DEPOSITS: <input type="checkbox"/> Wire Transfers <input type="checkbox"/> Cash <input type="checkbox"/> Electronic <input type="checkbox"/> Checks <input type="checkbox"/> Other Estimated Total/Month: _____			
WITHDRAWALS: <input type="checkbox"/> Wire Transfers <input type="checkbox"/> Cash <input type="checkbox"/> Electronic <input type="checkbox"/> Checks <input type="checkbox"/> Other Estimated Total/Month: _____			
WIRE TRANSFERS: If you engage / will engage in wire transfers, list all countries you would transfer money to and from:			
COUNTRIES TO:			COUNTRIES FROM:
3. Briefly describe the nature of the business (must be specific, i.e. computer consulting, grocery store, healthcare provider etc.):			
4. What kind of business accounts are you interested in opening with Self-Help? (i.e. payroll account, operating account, etc.):			
5. What is the estimated dollar amount of wires transfers per month?			
I, _____ (name of natural person opening account) hereby certify, to the best of my knowledge that the information provided above is complete and correct. I also certify that I will notify the financial institution of any changes in such information.			
Signature			Date
FOR OFFICE USE ONLY		Branch:	Name of MSR:



Business / Nonprofit Organization Application

Ownership: _____

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

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

Important Information About Procedures for Opening a New Account

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 or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Organization Name		Tax Identification Number	
Second Name Line		Date of Incorporation / Establishment	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Business Phone	Business Fax	E-Mail Address	

Membership Eligibility Requirements - Primary Member Only:

Eligibility Type:

Group:

* If eligible through The Center for Community Self-Help: 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 \$5 fee, which is a tax-deductible contribution.

Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) - Regulation GG

In accordance with provisions of the Unlawful Internet Gambling 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 internet gambling business.

MSB Certification

I (We) certify that I (we) are not a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Cashier, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and US Postal Service.

Authorized Signature

Date

FOR OFFICE USE ONLY

Branch:

Name of MSR:



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

7 cfdcfUHY#6 i g]bYgg#0 bh]miF Ygc`i h]cb`UbX`G][bUi fY`5 i A cf]hm

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 withholding (if you are subject to backup withholding, 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 withholding.

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 the 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 resolutions 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/Organziation)

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. (No certification required if individual does business in his/her own name).
 - 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.

Signature(s)	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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



Business / Nonprofit Organization Application

Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Please complete the "Business / Nonprofit Organization Application" and other account related forms as indicated below. If any part of the required information is not received, your membership will be delayed until all necessary items are received. If you have any questions as you complete these forms, please contact us at 1-800-966-7353 or contact one of our [branches](#) closest to you.

Business Account Questionnaire

Please take a moment to answer the questions listed on the questionnaire. This will enable us to better meet your needs and our responsibility under the USA Patriot Act and similar laws. It is important that you complete all the sections of the "Business Account Questionnaire".

Important: Please note that Self-Help Credit Union **does not** open accounts for any entities offering services related to MSB's, marijuana, gambling or third party ACH services.

Make sure that the Business Account Questionnaire is signed by the business representative (owner/signer).

Business / Nonprofit Organization Application

Ownership

Indicate the type of business by selecting one of the choices in the drop down box. Based on the type of ownership, additional forms and documentations are required.

Member Number

This will be assigned by the Credit Union.

Complete each field as indicated below. If certain fields are not applicable, please enter N/A.

- 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).
- Tax Identification Number* – Enter the EIN of the business, or SSN of owner if a Sole Proprietorship
- Second Name Line – If the entity does business under a different name enter it here (e.g. Smith Inc. DBA Smith's Landscaping---Smith Inc. is entered in the "Organization Name" field and DBA Smith's Landscaping is entered under the "Second Name Line" field. If not applicable leave blank.
- Date of Incorporation / Establishment* – Enter the date the business entity/organization was incorporated or established
- Physical Address* – Enter the business entity's/organization's full physical address including city, state and zip
- Mailing Address – Enter a mailing address if different from the physical address
- Business Phone* – Enter business phone number
- Business Fax – Enter your business fax number, if applicable
- E-mail Address – Enter the primary e-mail address for the business or owner, if applicable

***Required fields**

Member Eligibility Requirements -Primary Member Only:

You can become a member of Self-Help Credit Union if:

- a. You live, work, worship or attend school in one of the counties that are listed on the [Self-Help's Website](#)
- b. You are a member of an employee/association eligible for membership
- c. You are an "immediate family" member of an individual who is a member of the above mentioned eligible groups. "Members of the immediate family" include the following secondary members: spouse, parent, and children of the primary members.
- d. Or you become a member through The Center for Community Self-Help. Membership in the Center for Community Self-Help requires a \$5 fee, which is a tax-deductible contribution.

Eligibility Type

Select one of the options from drop down list.

- If you choose "**Geographic**" as the eligibility type, in the "**Group**" field select Live, Work, Worship, or Attend School, as applicable.
- If you choose "**Employer/Association**" as the eligibility type, in the "**Group**" field write/type the name of the employer or the entity. If you join through The Center for Community Self-Help, type "Center for Community Self-Help".
- If you choose "**Family**" as the eligibility type, in the "**Group**" field write/type Spouse, Parent, or Children.

Authorized Signature & Date

The business authorized signer should sign and date the application after reading the "**Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) – Regulation GG**" and the "**MSB Certification**" clause.

Corporate/Business/Entity Resolution and signature Authority

A. Business/Organization (Account Holder):

Complete section (A) of the "Corporate/Business/Entity Resolution and Signature Authority" form in its entirety by entering your entity's name, address, tax ID, and phone number. Under "Ownership Type" select the applicable entity type.

B. Names of Authorized Signer(s) on the Account

List the names and title of each authorized signers. Each authorized signer listed in this section should sign in the space marked as "Signature".

C. This Section Only for Corporations and Incorporated Associations

If you are a corporation or an incorporated association list the name of your Business/Organization, date and sign this section. If you are not a corporation or an Incorporated Association continue to section (D).

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

If your entity is not a Corporation or an Incorporated Association complete section (D).



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:

1. The number shown on this form is my correct taxpayer identification number, AND
2. 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.
3. 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 Authorization Signatures" clause before signing and dating the "New Certificate Selection and Signature Card" form(s).



Authorization Agreement for ACH Debit Transactions

** Save for the future and support community development lending**

Instructions: Use this form if you want to draft your account at another financial institution for credit to your Self-Help account.

☐ New ☐ Change

Complete the Authorization Agreement below and make a copy of the completed form for your records. If you request a draft from a checking account, you must attach a voided check from the account to be drafted. If you request a draft from a savings account, you must attach a pre-printed savings deposit ticket that includes the Financial Institution's ABA/Routing number and your savings account number. Failure to do so may result in the rejection of your transaction(s).

I/we authorize Self-Help Credit Union (Self-Help) to initiate ACH debit transactions for credit to my Self-Help account/suffix in accordance with instructions stated below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I/we understand that Self-Help is not responsible for any fees or penalties which may arise when funds are not available and an ACH debit is returned. I/we also understand that any rejected debits may be resubmitted. If any debit transactions are returned NSF, I understand that Self-Help may charge me a returned debit NSF fee of \$25.00 per returned item to my account.

Withdraw From:

Account Number: _____

Name on Account: _____

Financial Institution Name: _____ ABA/Routing # _____ (9 digits)

This is a: Checking ☐ Savings ☐ Account

Credit To:

Self-Help Account#: _____ Suffix _____

Amount: \$ _____

Starting (mm/dd/yy): _____ and continuing on the _____ day of each _____ (week, month, quarter).

I certify that I am an authorized signer on the account(s) identified above and that I authorize all of the above as evidenced by my signature below. This authorization is to remain in full force and effect as stated until Self-Help has received written authorization from me (or either of us) of its termination in such time and such manner as to afford Self-Help a reasonable time to take action. Two consecutive failed payments may result in termination of this agreement.

Printed Member Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Signature: _____ Date: _____

**Please return completed form with attachments to your local branch.
For questions, please call (800) 966-7353**



**REQUEST AND CONSENT TO PROVIDE ACCOUNT INFORMATION TO AUTHORIZED PARTY
AND CONSENT TO RECEIVE COMMUNICATIONS**

DEPOSITOR INFORMATION

Full Name: _____
Phone Number: _____
Email: _____

For Office Use Only

Account No(s): _____

AUTHORIZED PARTY INFORMATION

Authorized Parties:

NATIONAL BAPTIST CONVENTION USA, INC., a Tennessee corporation and
THE CENTER FOR ECONOMIC EMPOWERMENT, INC., a Delaware corporation

REQUEST AND CONSENT TO PROVIDE ACCOUNT INFORMATION TO AUTHORIZED PARTY

For the purpose of supporting the national deposit-raising campaign of the NATIONAL BAPTIST CONVENTION USA, INC., a Tennessee corporation (the "**Convention**"), and THE CENTER FOR ECONOMIC EMPOWERMENT, INC., a Delaware corporation ("**CEE**") (collectively, "**Authorized Parties**"), I hereby authorize Self-Help Federal Credit Union ("**SHFCU**") and Self-Help Credit Union ("**SHCU**," SHFCU and SHCU collectively, "**Self-Help**") to share with the Authorized Parties, and authorize Authorized Parties to share with Self-Help, information about my deposit accounts at Self-Help, including my name, address, phone number(s) and deposit balance. I hereby authorize the Convention and CEE to obtain information regarding my account(s) identified above.

CONSENT TO RECEIVE COMMUNICATIONS

To best support the founding of the future Convention credit union, and to provide you with the best possible service for your deposit account, Self-Help, the Convention or CEE may need to contact you about your account from time to time by telephone, text messaging or email. However, we must first obtain your consent to contact you about your account because we must comply with the consumer protection provisions in the federal Telephone Consumer Protection Act of 1991 (TCPA), CAN-SPAM Act and their related federal regulations and orders issued by the Federal Communications Commission (FCC).

Your consent does not authorize us to contact you for telemarketing purposes (unless you otherwise agreed elsewhere).

With the above understandings, you authorize us to contact you regarding this account throughout its existence using any telephone numbers or email addresses that you have previously provided to us or that you may subsequently provide to Self-Help.

This consent is regardless of whether the number we use to contact you is assigned to a landline, a paging service, a cellular wireless service, a specialized mobile radio service, or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, voice mail and text messaging, including the use of pre-recorded or artificial voice messages and an automated dialing device. If necessary, you may change or remove any of the telephone numbers or email addresses at any time using any reasonable means to notify us. You may withdraw your consent at any time by contacting Self-Help by phone, in person or any other reasonable means and informing us of your preferences. However, I understand that if I revoke this consent, I will no longer receive communications regarding the Convention credit union.

Applicant / Member Signature

Last four digits of
EIN/TIN/SSN

Date