



Signature Card (Business)

Product Selection & Authorized Signers

Select Product(s)	Business Savings or Share Account	Business Checking Account	Non-Profit Checking Account	Money Market Account	Certificate of Deposit	Other Product: _____
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Organization Name: _____ Member #: _____

TIN #: _____

Suffix #: _____ Suffix #: _____ Suffix #: _____

Type of Business: _____

Authorized Signer's Information

Name				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

Name				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 CSH (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



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