



Business Account Application and Authorization Form

- New
- Change
- Other: _____

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 obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

How are you eligible for Membership?

Business Account Number:

Account Requests:

- Savings
- Business Checking
- Business Money Market
- Other: _____

Account Services:

- MasterCard Debit Card
- MasterCard Debit Card for Authorized Card User
- Checks
- Other: _____

Money Services Business (Check All that Apply)

- Currency Dealer or Exchanger
- Check Cashers
- Issuer of Traveler's Checks, Money Orders or Stored Value
- Seller or Redeemer of Traveler's Checks, Money Orders or Stored Value Card
- Money Transmitters
- This business is not a Money Service Business

Business Structure (Check One):

- Unincorporated Sole Proprietorship
- Corporation
- Incorporated Association
- Unincorporated Association
- Other: _____

- Limited Liability Company
Select Classification Code:
- D = Disregard Entity
- C = Corporation
- P = Partnership

- Partnership
- General
- Limited

Business Information

Business Name / DBA		Tax ID Number or Social Security Number	
Business Phone / Fax Number		Business Account Number	
Business Physical Street Address (No P.O. Box)		City, State, Zip	
Mailing Address (if different)		City, State, Zip	
Primary Source of Deposits to the Business Account:		What Other State(s) is the Business Registered In (if applicable):	
A brief description of the kind of business transacted or contemplated to be transacted in this state under this organization:		Does this business engage in Internet gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this business engage in the production, storage or sale of marijuana for any purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No

Owner/President/General Partner/Officer Information

Name		Member Account Number			
Title		Social Security Number			
Date of Birth		Home Phone		Cell Phone	
Identification Type	Identification Number	State/Country	Issue Date	Exp Date	Email Address
Physical Street Address		City	State	Zip Code	

SSN Certification and Backup Withholding:

By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding
- I am not a U.S. citizen or U.S. person (complete W-8BEN)

Account Password (up to 8 characters):

I understand that my password can be used as an alternative form of identification on my account. Credit Union Tellers, Member Service and Contact Center representatives may request the password when working with me on my account. I understand that this should be kept confidential and should be treated with the same level of security as a PIN.

eStatements:

I understand, unless I request otherwise, I will be receiving electronic statements for all my accounts. By checking the box below, I am requesting paper statements, which will be mailed directly to my address on file. If I receive eStatements I will be required to confirm initial access via the Credit Union's online banking enrollment process.

Other Banking Relationships (If Applicable)

Name of Institution	Account Number
Street Address	City, State, Zip

Additional Authorized Representative(s)

Representative Name		Title		
Social Security Number		Date of Birth		
Identification Type		Identification Number		
State/County	Issue Date	Expiration Date		
Physical Street Address		City	State	Zip Code
Home Phone		E-mail Address		
Authorized Debit Card User <input type="checkbox"/> Yes <input type="checkbox"/> No				

Representative Name		Title		
Social Security Number		Date of Birth		
Identification Type		Identification Number		
State/County	Issue Date	Expiration Date		
Physical Street Address		City	State	Zip Code
Home Phone		E-mail Address		
Authorized Debit Card User <input type="checkbox"/> Yes <input type="checkbox"/> No				

Representative Name		Title		
Social Security Number		Date of Birth		
Identification Type		Identification Number		
State/County	Issue Date	Expiration Date		
Physical Street Address		City	State	Zip Code
Home Phone		E-mail Address		
Authorized Debit Card User <input type="checkbox"/> Yes <input type="checkbox"/> No				

Representative Name		Title		
Social Security Number		Date of Birth		
Identification Type		Identification Number		
State/County	Issue Date	Expiration Date		
Physical Street Address		City	State	Zip Code
Home Phone		E-mail Address		
Authorized Debit Card User <input type="checkbox"/> Yes <input type="checkbox"/> No				

Representative Name		Title	
Social Security Number		Date of Birth	
Identification Type		Identification Number	
State/County	Issue Date	Expiration Date	
Physical Street Address		City	State Zip Code
Home Phone		E-mail Address	
Authorized Debit Card User <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMPANY ACKNOWLEDGES AND UNDERSTANDS THAT THE CARDS ISSUED UNDER THIS AGREEMENT TO AUTHORIZED REPRESENTATIVE(S) AND/OR AUTHORIZED CARD USER(S) WILL NOT BE TREATED AS CONSUMER CARDS UNDER THE PROVISIONS OF STATE AND FEDERAL LAW. MEMBER WILL NOT HAVE THE BENEFIT OF ANY LIMITATIONS OF LIABILITY WITH RESPECT TO THE UNAUTHORIZED USE OF PIN-BASED TRANSACTIONS. MEMBER ACCEPTS AND AGREES TO UNDERTAKE THE ADDITIONAL RISK ASSOCIATED WITH USE OF BUSINESS PURPOSE CARDS AND AGREES TO ASSUME THE GREATER MEASURE OF LIABILITY DESCRIBED IN THIS AGREEMENT.

_____ Owner/President/General Partner/Officer's Initials

Binding Effect and Membership Agreement

FOR THE SOLE PROPRIETORS

I am the sole proprietor and Authorized Representative on behalf of the Company named in the signature line below and as set forth in the Application; and I agree:

FOR CORPORATIONS, PARTNERSHIPS, ASSOCIATIONS AND LLCs

I am the (pick one) clerk secretary general partner manager member authorized officer authorized signer.
The Authorized Representative(s) on behalf of the business (Company) named in the signature line below and as set forth in this Application, and/or any resolution given in connection with the Application, and Hereby certify that the following resolution was duly adopted by the (pick one) board of directors manager member, and agree:

That the Representative(s) on behalf of the Company is authorized to: (1) apply for the Credit Union's Debit Card; (2) designate the deposit accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and designate who may be authorized as a Debit Card user and (4) complete and execute all forms, documents, and agreements required by the Credit Union to use the services rendered herein.

By signing the Agreement the Representative(s) and Authorized Card User(s), on behalf of the Company, agrees as follows:
I certify that all the information in this Application is true and complete, and I agree that the Company is obligated to notify Credit Union of material changes to such information. The undersigned agree that the Credit Union may rely upon this Authorization until it is revoked or modified in writing by the Authorized Representative(s) named above, or by court order. Any successor representative(s) shall be required to execute a new Authorization and provide Credit Union with satisfactory evidence of the successor representative's entitlement and authority to act on behalf of the organization. The undersigned agree that all deposit account transactions shall be governed by the Credit Union's current deposit account contracts, rules and regulations, business account guidelines and fee schedules. The undersigned further agree that Credit Union shall have no duty to make inquiries or monitor any account activities, withdrawals, deposits, use of funds, or other actions of the representatives with respect to deposit accounts of the organization, or instruments payable to or from the organization. The undersigned further agree to remain personally liable to the Credit Union for any and all monies owed by the above-identified organization to the Credit Union and to indemnify and hold the Credit Union harmless from any and all loss, cost or damage incurred or suffered by the Credit Union at any time by reason of the Credit Union opening and/or maintaining a depository Account for or at the request of the undersigned. If the undersigned are more than one, each person signing below shall be jointly and severally liable to the Credit Union hereunder. Credit Union, its employees, agents, and assignees (1) are authorized to contact third parties to verify any information provided in connection with the Application, (2) may obtain credit reports, including consumer credit reports, in connection with any account as to the Company, any Authorized Representative(s), or Authorized Card User(s), and (3) upon receipt of an appropriate request, tell the Company, Authorized Card User(s) and/or other User(s) whether a credit report was obtained and, if so, the name and address of the reporting agency that provided it. The Application will be and remains Credit Union's property

Debit Card

CARDHOLDER APPLICATION AND AGREEMENT

I hereby request that Vermont Federal Credit Union issue me a MasterMoney Debit Card (the "card") for use in any ATM Network terminal or those of other financial institutions or merchants. I understand that I am to select my personal identification number (PIN) consisting of four (4) numerical digits.
I accept the card and agree that the card-issuing institution may treat the entry of instructions accompanied by my PIN plus the use of my card bearing the magnetic pattern assigned to me as being the same as a written order bearing my genuine signature, whether the card is used by me or another person.
I understand and agree that any transactions made through the use of my card and PIN or signature remain subject to any other rules and regulations applicable to my account, and to any other agreement between the card-issuing institution and myself.
I agree to all fees relating to the use of my card as determined by the card-issuing institution and outlined in the card-issuing institution's account disclosure statement as has been provided. I further authorize my card-issuing institution to charge my account for all ATM-related fees and MasterMoney Card fees. I further understand that I will not be charged an interbank fee for use of my card at any Falcon ATM Network institution's ATM.
I agree that my card is the property of the card-issuing institution and agree to surrender this card to the card-issuing institution upon request.
I further understand and agree that any of the terms and conditions of the card-issuing institution's cardholder agreement or account disclosure statement may be changed by the institution provided I am given appropriate written notice.
I agree not to write my PIN on my card or my card carrier (Tyvek envelope).

Membership Agreement

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth and Savings Terms and Conditions Disclosure, Cardholder Application and Agreement, Binding Effect and Membership Agreement, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature(s) on this card apply to all accounts designated within this account application; and all information provided is true and correct. **I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act as amended from time to time.** I acknowledge receipt of a copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**
Account Ownership (**APPLICABLE TO SOLE PROPRIETORSHIPS AND PARTNERSHIPS IF MULTIPLE AUTHORIZED REPRESENTATIVES ARE DESIGNATED ON THE FRONT OF THIS FORM**): The owners intend to and do create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement and Business Authorization Form including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.
The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding:
I agree to review the full Membership Agreement and Account Disclosures available to print at vermontfederal.org.

Authorized Representative(s)

Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date

Authorized Debit Card User(s)

Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date
Representative's Signature	Print Name	Title	Date

Additional Comments:

Certification of Taxpayer Identification Number

The taxpayer name and identification number to be used for any required reporting to the Internal Revenue Service (IRS) of interest earned or taxes withheld is:

 Taxpayer Name

 Tax ID Number or Social Security Number

For Credit Union Use Only

Revised 3/23/10

Date ___/___/___ ID Verified by _____ Member Eligibility _____

Membership Officer Signature _____

Account Opened: In Person By Mail Internet Other: _____