



NEW BUSINESS ACCOUNT APPLICATION AND AUTHORIZATION FORM

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 THAT 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.

Member Number:	How is the business eligible for membership:
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Products:	<input type="checkbox"/> Business Savings	<input type="checkbox"/> Business Checking	<input type="checkbox"/> Business Money Market	<input type="checkbox"/> Business Certificate:
	<input type="checkbox"/> Business Loan (Must add Account Officer role to ALL accounts)			

Money Services Business (Check all that apply):	
<input type="checkbox"/> Currency Dealer or Exchanger	<input type="checkbox"/> Check Cashers
<input type="checkbox"/> Issuer of Traveler's Checks, Money Orders, or Stored Value Card	<input type="checkbox"/> Seller or Redeemer of Traveler's Checks, Money Orders, or Stored Value Card
<input type="checkbox"/> Money Transmitters	<input type="checkbox"/> This is not a Money Service Business

Business Structure (Check One):	
<input type="checkbox"/> Unincorporated Sole Proprietorship	<input type="checkbox"/> Limited Liability Company (also select Classification Code)
<input type="checkbox"/> Corporation	<input type="checkbox"/> C= Corporation
<input type="checkbox"/> Incorporated Association	<input type="checkbox"/> D= Disregard Entity
<input type="checkbox"/> Other: _____	<input type="checkbox"/> P= Partnership
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> General <input type="checkbox"/> Limited

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 a purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No
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A brief description of the kind of business or anticipated business to be transacted in this state under this organization:

Primary source of anticipated deposits to account (Cash, Checks, Wire, ACH, Etc.):

Business Information	
Business Name	Tax ID Number
Business Phone	Alternative Phone
Business Street Address (NO P.O. Box)	City, State, Zip
Business Mailing Address (If different from street address)	City, State, Zip

Primary Authorized Representative/Owner/President/General Partner/Officer Information				
Name	Relationship to Business			
Social Security Number	Date of Birth			
Street Address	City, State, Zip			
Phone	Email	Member Account Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date

Authorized to transact on the following accounts:

SSN Certification and Backup Withholding (MUST Check One):

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.

OR

I am subject to backup withholding

I am not a U.S. Person (complete W-8BEN)

Additional Authorized Representative

Name	Relationship to Business			
Social Security Number	Date of Birth			
Street Address	City, State, Zip			
Phone	Email	Member Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date
Authorized to transact on the following accounts:				

Additional Authorized Representative

Name	Relationship to Business			
Social Security Number	Date of Birth			
Street Address	City, State, Zip			
Phone	Email	Member Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date
Authorized to transact on the following accounts:				

Additional Authorized Representative

Name	Relationship to Business			
Social Security Number	Date of Birth			
Street Address	City, State, Zip			
Phone	Email	Member Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date
Authorized to transact on the following accounts:				

Additional Authorized Representative

Name	Relationship to Business			
Social Security Number	Date of Birth			
Street Address	City, State, Zip			
Phone	Email	Member Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date
Authorized to transact on the following accounts:				

Additional Authorized Representative				
Name		Relationship to Business		
Social Security Number		Date of Birth		
Street Address		City, State, Zip		
Phone	Email	Member Number (if applicable)		
ID Type	ID Number	ID State	ID Issue Date	ID Expiration Date
Authorized to transact on the following accounts:				

Membership Agreement									
<p>I am the:</p> <p><input type="checkbox"/> Sole proprietor and Authorized Representative on behalf of the company named in the signature line below and as set forth in the application</p> <p style="text-align: center;">OR</p> <p>I am the:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Clerk</td> <td><input type="checkbox"/> Secretary</td> </tr> <tr> <td><input type="checkbox"/> General Partner</td> <td><input type="checkbox"/> Manager</td> </tr> <tr> <td><input type="checkbox"/> Member</td> <td><input type="checkbox"/> Authorized Officer</td> </tr> <tr> <td><input type="checkbox"/> Authorized Signer</td> <td></td> </tr> </table> <p style="text-align: center;">AND</p> <p>The authorized representative(s) on behalf of the business named in the signature line below and as set forth in the application, and any resolution given in connection with the application, and hereby certify that the following resolution was duly adopted by the (choose one):</p> <p><input type="checkbox"/> Board of Directors <input type="checkbox"/> Manager <input type="checkbox"/> Member</p> <p style="text-align: center;">AND AGREE THAT</p> <p>Any representative(s) on behalf of this business is(are) authorized to: (1) apply for the credit union's debit card, (2) designate deposit accounts of the business that may be used in connection with the services rendered herein, (3) designate the employees of the business 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.</p>		<input type="checkbox"/> Clerk	<input type="checkbox"/> Secretary	<input type="checkbox"/> General Partner	<input type="checkbox"/> Manager	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Officer	<input type="checkbox"/> Authorized Signer	
<input type="checkbox"/> Clerk	<input type="checkbox"/> Secretary								
<input type="checkbox"/> General Partner	<input type="checkbox"/> Manager								
<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Officer								
<input type="checkbox"/> Authorized Signer									

<p>By signing the Agreement the Representative(s), on behalf of the Company, agrees as follows:</p> <p>I certify that all the information in this application is true and complete, and I agree that the business is obligated to notify Vermont Federal Credit Union of material changes to such information. The undersigned agree that Vermont Federal 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 Vermont Federal 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 Vermont Federal Credit Union's current deposit account contracts, rules and regulations, business account guidelines and fee schedules. The undersigned further agree that Vermont Federal 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 Vermont Federal Credit Union for any and all monies owed by the above-identified organization to Vermont Federal Credit Union and to indemnify and hold Vermont Federal 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 Vermont Federal Credit Union hereunder. Vermont Federal Credit Union, its employees, agents, and assignees (1) are authorized to contact third parties to verify any information provided in connection with this application, (2) may obtain credit reports, including consumer credit reports, in connection with any account as to the business, any authorized representative(s), or authorized card user(s), and (3) upon receipt of an appropriate request, tell the business, 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. This application will be and remains the property of Vermont Federal Credit Union.</p>

By signing below, I agree to the terms and conditions of the member and account agreement, truth and savings terms and conditions disclosure, card holder 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 that signature(s) on this card APPLIES 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 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
Representative's Signature	Print Name	Title	Date

Authorized Representative(s)	
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

Additional Comments

For credit union use only			
ID Verified By:	Business Eligibility:	Date:	Employee Signature:
Account Opened: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Internet <input type="checkbox"/> Other:			