



BUSINESS MEMBERSHIP APPLICATION
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BUSINESS INFORMATION	
Business Name	Account Number
Street	
City/State/Zip	TIN
Phone	<input type="checkbox"/> OFAC Checked?
State of Organization	Date Established

TYPE OF BUSINESS OR ORGANIZATION				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Organization
<p>Sole Proprietorship: Attach business license and fictitious business name statement, if any, and complete the sole proprietor's certification on this Card.</p> <p>Corporation: Attach Articles of Incorporation, fictitious business name statement (if any), Domestic Stock Statement, and corporate resolution authorizing establishment of financial institution accounts. In lieu of a resolution, you may use the resolution form on this Card.</p> <p>Limited Liability Company: Attach Articles of Organization and fictitious business name statement, if any, and complete the LLC certification on this Card.</p> <p>General Partnership (including joint ventures): Attach business license and fictitious business name statement, if any, and complete the general partnership certification on this form.</p> <p>Organization: Attach Resolution of Association, or other Similar Organization, if any, and complete Organization certification on this form.</p>				

ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Business Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Other
<input type="checkbox"/> Certificate of Deposit	
* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.	

ACCOUNT SERVICES	
<input type="checkbox"/> Bill Pay:	<input type="checkbox"/> VISA Debit Card:
<input type="checkbox"/> Overdraft Privilege (ODP):	<input type="checkbox"/> Other:
<input type="checkbox"/> Online Banker:	<input type="checkbox"/> :
<input type="checkbox"/> Telephone Banking:	

AUTHORIZED SIGNERS			
Name 1	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone		<input type="checkbox"/> OFAC Checked?	
Work Phone		E-mail	
Name 2	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone		<input type="checkbox"/> OFAC Checked?	
Work Phone		E-mail	

Name 3	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone		<input type="checkbox"/> OFAC Checked?	
Work Phone		E-mail	
Name 4	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone		<input type="checkbox"/> OFAC Checked?	
Work Phone		E-mail	

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AUTHORIZATION

By signing below, you agree to conform to the by-laws or any amendments of the GE Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act, including a credit report. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

X	_____	X	_____
Signature	Date	Signature	Date
X	_____	X	_____
Signature	Date	Signature	Date

CERTIFICATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- The number shown on this form is the correct Taxpayer Identification Number for this account owner, (or the account owner is waiting for a number to be issued), and**
- The account owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it 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 owner that it is no longer subject to backup withholding, and**
- The account owner is a U.S. citizen or other U.S. person. For federal tax purposes, the account owner is considered a U.S. person if it is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and**
- The FATCA code(s) entered on this form (if any) indicating that the account owner is exempt from FATCA reporting is correct.**

Certification instructions. You must cross out item 2 above if the account owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete a W-8 if the account owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section. Instructions for completing this section will be provided to you upon request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. person _____	Date _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
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FOR CREDIT UNION USE ONLY

Date of Membership _____	Opened by _____	<input type="checkbox"/> SEE ACCOUNT CHANGE CARD	<input type="checkbox"/> SEE INCORPORATION PAPERS ON FILE
<input type="checkbox"/> Credit Report	Credit Score # _____	<input type="checkbox"/> Check Verify	<input type="checkbox"/> OFAC <input type="checkbox"/> No Match <input type="checkbox"/> Match