



Clear Form

## ORGANIZATIONAL ACCOUNT APPLICATION

**Important Information About Procedures for Obtaining a New Account and Adding Authorized Signers to an Organization 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 authorized signer on an account. What this means for you: When you become an authorized signer on an organization 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 and copy your driver's license or valid identification acceptable to University Credit Union and other identifying information.

New Account Account Number: _____	Account Update/Signer Change Account Number: _____
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### Organization Information

Organization Name: \_\_\_\_\_ Taxpayer ID (EIN): \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Membership Affiliation: \_\_\_\_\_ Purpose of Account: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

### Type of Account(s) or Service(s) Desired (Check all that apply)

<input type="checkbox"/> Savings Account (required) <input type="checkbox"/> Additional Savings Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Money Market	<input type="checkbox"/> Check Order <input type="checkbox"/> Debit Card Request
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### Account Agreement, Tax Information Certification and Authorization

Organization hereby applies for or reaffirms the organization's application for membership in University Credit Union, subscribes for at least one share and requests that University Credit Union open the account(s) indicated above. Each person who has signed this Agreement agrees to be bound by the terms and conditions of University Credit Union's rules, regulations, bylaws, and policies. By execution of this Application and Agreement for Membership to University Credit Union, signer certifies that he or she is in connection with the establishment of this account(s). All parties acknowledge and agree that each signer of the account set forth in this Agreement can take any and all actions on this account unilaterally, without the signature of any other signer. Each signer individually and severally agrees to defend, indemnify, and hold University Credit Union harmless from any claim made against, or other loss sustained by University Credit Union in relation to such account, including but not limited to any returned items, overdrafts, unpaid charges or amounts, and reasonable attorney's fees and court costs incurred in connection with same.

**Certification:** Under penalties of perjury, I certify that the information provided in this application is true, correct, and complete and that more than 51% of this organization are within the field of membership of University Credit Union. I understand that the named persons shall continue to be authorized to access the account(s) until I/we notify University Credit Union otherwise.

By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization listed above is a US person; and 3) the organization listed above is not subject to backup withholding because: (a) the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to backup withholding.

Please select if the following applies:

You have been notified by the IRS that you are currently subject to backup withholding for failure to report interest or dividends.

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

By signing below, this organization and all its authorized signers hereby agrees to be bound to the above Agreement, Tax Information Certification and Authorization. I understand you may limit the products or services to me at any time, without advance notice. I authorize you to obtain and periodically (re)verify any required supporting organization documentation such as Board Meeting Minutes, certifications, or licenses; my employment or student status; credit and checking account information as you deem appropriate from time to time. I declare under penalty of perjury that all information provided is true and correct. Further, any person signing this Agreement for the Organization certifies that they are duly authorized to do so. If this is for change of signers, the signers below will replace all previous signers.

By: _____ Name of Authorized Signer 1	_____ Signature	_____ Date
By: _____ Name of Authorized Signer 2	_____ Signature	_____ Date
By: _____ Name of Authorized Signer 3	_____ Signature	_____ Date

Authorized Signer 1

Full Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Driver's License or Passport#: \_\_\_\_\_ State/Country: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_
Request Debit Card [x] YES [x] NO Signature: \_\_\_\_\_

Authorized Signer 2

Full Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Driver's License or Passport#: \_\_\_\_\_ State/Country: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_
Request Debit Card [x] YES [x] NO Signature: \_\_\_\_\_

Authorized Signer 3

Full Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Driver's License or Passport#: \_\_\_\_\_ State/Country: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_
Request Debit Card [x] YES [x] NO Signature: \_\_\_\_\_

Signer Change

Certification must be signed by an existing account signer or your organization's advisor:
I certify that I am an existing signer or an advisor for this organization and that the signers listed above are the new or returning signers authorized to replace the existing signers on this account. I acknowledge that these new signers will replace ALL signers previously authorized on this account including myself if not named above.

Current Signer or Advisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UCU Use Only

[ ] New [ ] Reopen [ ] Signer change Membership Officer: \_\_\_\_\_ Date: \_\_\_\_\_
Account #: \_\_\_\_\_ UCU Representative: \_\_\_\_\_ Date: \_\_\_\_\_
OFAC: \_\_\_\_\_ Telecheck No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sole Verification/Meeting Minutes: \_\_\_\_\_ IDs Verified by: \_\_\_\_\_

## Organizational Account Checklist

Thank you for requesting to open an organizational account with University Credit Union. Below is a checklist of items needed for your request. If you have additional questions, please contact [growth@ucu.org](mailto:growth@ucu.org) or call us at 800.UCU.4510.

### New Organizational Account Checklist

- Organizational Account Membership Application & Account Agreement
  
- Required ID for each signer
  1. Valid government issued Driver's license or passport for each signer
  2. Proof of membership eligibility
    - a. Student/Work ID
    - b. Alumni card
    - c. Class schedule
    - d. Offer letter of employment from an eligible university
  3. Proof of physical address
    - a. Current lease/housing agreement (signed)
    - b. Statement/Utility bill
    - c. State-issued driver's license or ID (unexpired)
    - d. Paystub (last 30 days)
  
- Tax ID number for the organization. You can obtain this from [www.irs.gov](http://www.irs.gov).
  
- Organizational Bylaws or Meeting Minutes, detailing the people with authority to open an account and transact