



**Account Application and Agreement  
For Business/Church**

**Commercial Membership # (CU Use Only)** \_\_\_\_\_

**Account(s):**     Share             Share Draft

**REQUIRED DOCUMENTS**

**Please have the following documents ready, as applicable:** Articles of Incorporation, Business License, DBA (Doing Business As) or Assumed Name Certificate, Letter of Authorization, Corporate Resolution, IRS TIN/EIN# Letter, Corporate Bylaws, Church Bylaws and Constitution, Church Officer Election Minutes.

*USA Patriot Act: 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 person who opens an account. What this means to 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. All authorized signatories must present two valid forms of I.D.*

**ENTITY TYPE**

**I am/We are applying for the following type of Baptist Commercial Membership (check one):**

- Sole Proprietorship             Limited Liability Company             Partnership             Corporation  
 Unincorporated Association/Organization             Church             Other \_\_\_\_\_

**BUSINESS/CHURCH INFORMATION**

Name (Incl. Corporation, LLC, DBA Name, etc. when applicable)		Employer Identification # -or- T.I.N.# (Tax I.D.#)	
Business Phone Number	Date Business/Church Opened/Formed		
Business Address: Street	City	State	Zip Code
Mailing Address (if different): Street/PO Box	City	State	Zip Code

**OWNER/OFFICER/AUTHORIZED REPRESENTATIVE INFORMATION (1)**

First Name	Middle Initial	Last Name	
Business Title	Social Security #	Date of Birth	Mother's Maiden Name
Street Address	City	State	Zip Code
Home Phone	Work Phone & Extension	Mobile Phone	Driver's License # (including State)
Email Address	Existing Member #		

**OWNER/OFFICER/AUTHORIZED REPRESENTATIVE INFORMATION (2)**

First Name	Middle Initial	Last Name	
Business Title	Social Security #	Date of Birth	Mother's Maiden Name
Street Address	City	State	Zip Code
Home Phone	Work Phone & Extension	Mobile Phone	Driver's License # (including State)
Email Address	Existing Member #		

**OWNER/OFFICER/AUTHORIZED REPRESENTATIVE INFORMATION (3)**

First Name	Middle Initial	Last Name	
Business Title	Social Security #	Date of Birth	Mother's Maiden Name
Street Address	City	State	Zip Code
Home Phone	Work Phone & Extension	Mobile Phone	Driver's License # (including State)
Email Address	Existing Member #		



**ACTIVITY SUMMARY** Types of transactions and amounts typically made (check all that apply):

**DEPOSITS:** Type:  Cash  Checks  Electronic  Wire Transfers  Other Approximate Frequency: PER MONTH

**WITHDRAWALS:** Type:  Cash  Checks  Electronic  Wire Transfers  Other Approximate Frequency: PER MONTH

**WIRE TRANSFERS:** If you engage in wire transfers, list all countries you typically transfer money to and from:

	COUNTRIES TO:		COUNTRIES FROM:

**CERTIFICATION**

I/We hereby make application for membership in Baptist Credit Union and agree to conform to its Laws and Amendments thereof and subscribe to at least one share (or \$25). I/We certify that all of the information contained in this application is accurate to the best of my/our knowledge. By signing below, I/we acknowledge I/we have received and read the Membership and Account Agreement and disclosures for the accounts and services requested, and I/we agree to be bound to the terms and conditions of any account that I/we have with Baptist Credit Union now or in the future and agree that Baptist Credit Union may change those terms and conditions from time to time. If applying for an automated teller machine (ATM) card, Internet Account Access, or Telephone Banking, I/we understand and agree that the use of my/our Personal Identification Number (PIN), Password, or signature to access my/our accounts by ATM, Internet Account Access and/or Telephone Banking (MoneyLine) will be my/our acceptance of the terms and conditions of the applicable service agreement.

Baptist Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of business for this account.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

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

- (1) The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and
- (2) 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
- (3) 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 the Account Owner 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).
- (4) The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.

**Certification Instructions**

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 the appropriate W-8 form 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.

**SIGNATURES**

I/We certify that the individuals listed below are the current authorized representatives of this business/church. By signing below, I/we agree to the terms and conditions of the Truth in Savings(TIS)/Rate/Fee Schedule and to any amendments thereto which are by this reference incorporated in their entirety into the disclosure. I/We agree to be bound by the terms and conditions of the disclosures and application. I/We understand the credit union will mail the TIS Fee and Rate Schedule within 10 days of receipt of this application. I/We authorize you to gather any credit, checking account, and employment information deemed appropriate from time to time.

Signature 1: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature 2: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature 3: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For additional Authorized Signers and/or Directors, Partners, Officers, please request Supplemental Signature Form.

**For Credit Union Use Only**

ID Verified By: \_\_\_\_\_ User ID ChexSystem: \_\_\_\_\_ Date: \_\_\_\_\_