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| **Membership No.** |
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| **Membership Eligibility** |
| Live, Work, Worship or Conduct Business in  York County  Cumberland County  City of Bangor  Existing Member or Family/House Hold Member:  Spouse  Grandchild  Child  Sibling  Parent |

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| **How Did you Hear About Business Services at Infinity Federal Credit Union** |
| Website  Networking- event or group  Family Member  Infinity FCU Representative  Other |

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| **BUSINESS INFORMATION**  To help the government fight the funding of terrorism and money laundering activities, Federal Law requires financial institutions to obtain, verify and record information that identifies each person or business that opens an account. When you open your account, we will ask for your name, address, date of birth, if applicable and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying information.  Infinity Federal Credit Union (FCU) does not currently offer business services for or related to: Cannabis/Marijuana Related Businesses, Virtual Currency, Internet Gambling, and Money Services Businesses (MSB). By continuing with this application, you are certifying that you do not now nor will you in the future participate in activities related to the above. **Individuals who are existing members of Infinity FCU must be in good standing or account cannot be opened.** | | |
| **Full Legal Name of Entity or Sole Proprietor:** | | **Tax Identification Number:** |
| **DBA Name (if applicable):** | | **Number of Employees:** |
| **Goods Sold / Services Provided:** | **Business Ph:** | **Business Email/Website:** |
| **Physical Address of Business (street, city, state, zip):** | **Mailing Address if Different:** | |

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| **Business Entity Structure Sand Required Documents - BOLD documents are Infinity FCU documents.**  **ALL DOCUMENTS PROVIDED SUCH AS BY LAWS, OPERATING AGREEMENTS AND OTHER SIMILAR ITEMS MUST BE FULLY EXECUTED.**  **UNSIGNED COPIES ARE NOT ACCEPTABLE.** | | | | | | |  |
| **Sole Proprietorship** | **Unregistered Associations, Clubs or Organizations** | **General Partnership** | **Limited Partnership**  Good Standing Printout | **Single Member LLC**  Good Standing Printout | **Multi-Member LLC**  Good Standing Printout | **Corporation**  Good Standing Printout | **Registered**  **Non-Profit**  Good Standing Printout |
| IRS TIN (if applicable)  If DBA - Assumed Name filed with Town or City  Business License if applicable  **Account Questionnaire**  **Resolution** | IRS TIN Letter/proof  If TIN belongs to another entity – written permission authorizing use  Agreement or Minutes outlining authorized signers and officers  **Account Questionnaire**  **Resolution** | IRS TIN Letter/proof  Partnership Agreement  If DBA - Assumed Name filed with Town or City  Business License if applicable  **Account Questionnaire**  **Resolution** | IRS TIN Letter/proof  Partnership Agreement  Certificate of Partnership filed with State  If DBA - Assumed Name filed with State  Business License if applicable  **Beneficial Ownership Form**  **Account Questionnaire**  **Resolution** | IRS TIN Letter/proof - SS is acceptable  Operating Agreement or **Waiver**  Certificate of Formation filed with State  If DBA - Assumed Name filed with State  Business License if applicable  **Beneficial Ownership Form**  **Account Questionnaire**  **Resolution** | IRS TIN Letter/Proof  Operating Agreement  Certificate of Formation filed with State  If DBA - Assumed Name filed with State  Business License if applicable  **Beneficial Ownership Form**  **Account Questionnaire**  **Resolution** | IRS TIN Letter /Proof  Articles of Incorporation filed with State  By-Laws  If DBA - Assumed Name filed with State  Business License if applicable  **Beneficial Ownership Form**  **Account Questionnaire**  **Resolution** | IRS TIN Letter/Proof  Must provide documents based on Legal structure  If DBA - Assumed Name filed with State  Business License if applicable  **Beneficial Ownership Form**  **Account Questionnaire**  **Resolution** |

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| **PRODUCTS AND SERVICES** |

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| Business Savings Account (required) with $25.00 deposit  Business Secondary Savings  Share Certificate  Money Market  Checking Account  Business Basic  Other  Business Choice | Checks  Merchant Services Referral  Safe Deposit Box (Arundel branch only)  Online Banking  Automatic Overdraft from Savings |

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| **Choose One:**   **Business Legal Owner**  **Authorized Signer Only**  **Debit** **Card** | | | | |
| **Name**: | **Social** **Security** **Number**: | | **Date of Birth**: | |
| **Are you a US Citizen?**  **Yes**  **No**  **If NO is checked, please provide Country of Citizenship:** | **Official Title at Business:** | | **Occupation/Line of Work** | |
| **Current Physical Address:**       **,** | **Current Mailing Address if Different:**       **,** | | | |
| **Email Address:** | **Home Phone:** | **Mobile Phone:** | | |
| **Driver’s License/Government ID/State ID (all fields below are required):**   |  |  |  |  | | --- | --- | --- | --- | | **State Issued:** | **ID#:** | **Issued Date:** | **Expiration Date:** | | | | | |
| **Choose One:**   **Business Legal Owner**  **Authorized Signer Only**  **Debit** **Card** | | | | |
| **Name**: | **Social** **Security** **Number**: | | **Date of Birth**: | |
| **Are you a US Citizen?  Yes  No**  **If NO is checked, please provide Country of Citizenship:** | **Official Title at Business:** | | **Occupation/Line of Work** | |
| **Current Physical Address:**       **,** | **Current Mailing Address if Different:**       **,** | | | |
| **Email Address:** | **Home Phone:** | **Mobile Phone:** | | |
| **Driver’s License/Government ID/State ID (all fields below are required):**   |  |  |  |  | | --- | --- | --- | --- | | **State Issued:** | **ID#:** | **Issued Date:** | **Expiration Date:** | | | | | |
| **Choose One:**   **Business Legal Owner**  **Authorized Signer Only**  **Debit** **Card** | | | | |
| **Name**: | **Social** **Security** **Number**: | | **Date of Birth**: | |
| **Are you a US Citizen?  Yes  No**  **If NO is checked, please provide Country of Citizenship:** | **Official Title at Business:** | | **Occupation/Line of Work** | |
| **Current Physical Address:**       **,** | **Current Mailing Address if Different:**       **,** | | | |
| **Email Address:** | **Home Phone:** | **Mobile Phone:** | | |
| **Driver’s License/Government ID/State ID (all fields below are required):**   |  |  |  |  | | --- | --- | --- | --- | | **State Issued:** | **ID#:** | **Issued Date:** | **Expiration Date:** | | | | | |
| **Choose One:**   **Business Legal Owner**  **Authorized Signer Only**  **Debit** **Card** | | | | |
| **Name**: | **Social** **Security** **Number**: | | **Date of Birth**: | |
| **Are you a US Citizen?  Yes  No**  **If NO is checked, please provide Country of Citizenship:** | **Official Title at Business:** | | **Occupation/Line of Work** | |
| **Current Physical Address:**       **,** | **Current Mailing Address if Different:**       **,** | | | |
| **Email Address:** | **Home Phone:** | **Mobile Phone:** | | |
| **Driver’s License/Government ID/State ID (all fields below are required):**   |  |  |  |  | | --- | --- | --- | --- | | **State Issued:** | **ID#:** | **Issued Date:** | **Expiration Date:** | | | | | |
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| **COMMUNICATION CONSENT** | | | |
| If a cell number or text contact (together “contact”) is provided above; or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact may be by dialing the cell phone, auto-dialer, text or robo-text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.  No  Yes | | | |

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| **FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHOLDING CERTIFICATION** |
| **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**  **W-9 Certification – If depositor is a U.S. Citizen or Resident Alien under penalties of perjury:**  I certify:   1. That the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because:    1. I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code      , or    2. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or    3. The IRS has notified me that I am no longer subject to backup withholding and 3. I am a U.S. person (including a U.S. resident alien)   I am subject to backup withholding  I am exempt  **W-8 Certification – If depositor is foreign person -** Certification is provided on a separate document. |

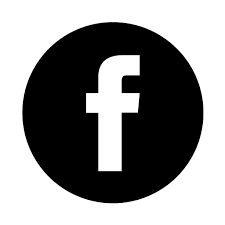
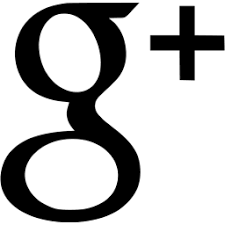
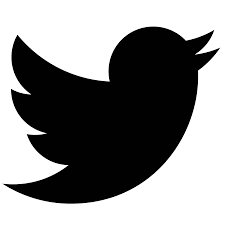
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| **BUSINESS MEMBERSHIP APPLICATION AGREEMENT AND AUTHORIZATION** |
| I/We hereby make application for membership into Infinity Federal Credit Union (FCU) “Credit Union” and agree to conform to its Bylaws and amendments, Business Membership Account Agreement and Disclosure, Terms and Conditions of the Business Debit Card Services Agreement, Funds Availability Policy and additional documents and disclosures the Credit Union has provided, as amended from time to time and as applicable to the accounts and services requested herein. Each legal owner consents that Infinity FCU may undertake actions to verify their eligibility for any account(s) and service(s) now and in the future. In addition, each legal owner authorizes us to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Everything I/We have stated in this application is correct to the best of my/our knowledge. Infinity Federal Credit Union may from time to time request and use reports from outside consumer reporting agencies and may answer questions about its experience with me/us. Any of the owners/officers of the business/organization named and signed on this Business Membership Application is authorized to act on behalf of the business/organization/association as so stated and resolved in the Business Membership Resolution. I/we/owner certify that the business/organization/association for which is account is being established, does not and will not participate in unlawful Internet gambling. **All present and future deposits to the account(s) designated above secure payment of any account owner’s obligation to the Credit Union.** This membership card authorizes the Credit Union to open future sub-accounts and/or services in the name of the entity listed above.  **Debit Card Users:** By signing this application, all owners, authorized officers and signers, on behalf of the Business (Company) agree: (1) to apply for the Credit Union’s Business 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 any limitations on such use; and (4) complete and execute all forms, documents, and agreements required by Bank to use the services rendered herein. In addition, all owners, authorized officers and signers, on behalf of the Business (Company) agree and certify that all the information in this Application is true and complete, and agree that the Company is obligated to notify Infinity Federal Credit Union (Credit Union) of material changes to such information. 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 Signer, or User, and (3) upon receipt of an appropriate request, tell the Company, Authorized User and/or other User 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. The Company further agrees that acceptance or use of any Access Device confirms the Company’s acceptance of the terms and conditions governing the Account(s). The Company further certifies that the resolution set forth above or provided with this Application was properly adopted on or prior to the date of the Application is submitted by the Company in accordance with (and in conformity with), the Company’s governing documents, has not been modified or rescinded, and is in full force and effect. The Company certifies it assumes all risks associated with the use of the Cards issued to the Individual Users and will hold the Credit Union harmless against all claims arising from their use. |
| The undersigned have hereunder subscribed his/her name and title below.  **Full Legal Name of Business**: |

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| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_  Printed Name:  (title): | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  Printed Name:  (title): |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_  Printed Name:  (title): | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  Printed Name:  (title): |

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| **Credit Union Use** | |
| Membership approved and opened by:       Date: | |
| ID Verify/OFAC (all individuals and business) | Chex/Qualifile (all individuals and business) |
| Checks Ordered | Debit Card Ordered |

**202 Larrabee Road, Westbrook Maine 04092 ∙ Mailing Address: P.O. Box 9742, Portland, Maine 04104-5060**

**(207) 854-6000 ∙ Fax: (207) 854-6064 ∙** [**www.infinityfcu.com**](http://www.infinityfcu.com)

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