Sunmark CREDIT UNION

1187 Troy Schenectady Road
Latham, NY 12110
518-382-0605
866-SUNMARK

BUSINESS MEMBERSHIP APPLICATION

Legal Entities

☐ New Account ☐ Account Change: ______________________

BUSINESS ACCOUNT TYPE **MEMBER NUMBER:**

☐ Business Savings ☐ Basic Business Checking ☐ Business Earnings Checking ☐ Business Share Certificate ☐ Business Money Market

ACCOUNT SERVICES

Free Services: ☐ Debit Card ☐ eStatements

Other Services: ☐ Overdraft Privilege ☐ Transfer Target Source

BUSINESS PRODUCTS/SERVICES

I am interested in the product(s)/service(s) below and would like to be contacted by a Business Officer.

☐ Business Credit Card ☐ Business Vehicle Loan ☐ Business Term Loan/Line of Credit ☐ Business Real Estate Loan ☐ Merchant Services ☐ Payroll Processing Services

BUSINESS ACCOUNT INFORMATION

Business Name	Business Phone No.	Tax ID No. (EIN)

DBA Name (if applicable)

Physical Address of Business (Street, City, State and Zip)

Mailing Address of Business (if different)

Year Business Established	Number of Employees	Nature of Business

Business Email Address	Business Web Address

TYPE OF BUSINESS – Legal structure of the business. Additional documentation may be required.

☐ **Partnership**
Required
☐ Partnership Agreement
☐ Assumed Name Certificate (if applicable)
And one of the following:
☐ Registered Business Entity Proof
☐ Federal Tax ID Number Letter

☐ **Corporation**
Required
☐ Certificate of Incorporation
And one of the following:
☐ Legal Proof of Ownership
☐ Federal Tax ID Number Letter

☐ **Limited Liability Company (LLC)**
Required
☐ Articles of Organization
☐ Operating Agreement (if more than one owner/member)
And one of the following:
☐ Legal Proof of Ownership
☐ Federal Tax ID Number Letter

☐ **Non-Profit**
Required
☐ Certificate of Incorporation
☐ IRS Tax Exempt Status Certification Letter
☐ Bylaws or Minutes
And one of the following:
☐ Legal Proof of Ownership
☐ Federal Tax ID Number Letter

☐ **Unincorporated Association**
Required (any one of the following)
☐ Bylaws, Minutes, or written statement from official authorizing account & signers
☐ Assumed Name Certificate (if applicable)
☐ Federal Tax ID Number Letter

For ALL business types - Valid Identification is required from all owners and authorized signers.

BUSINESS OWNER INFORMATION – If there is a Co-Owner or additional signer(s), please complete the Additional Owner(s)/Authorized Signer(s) Information boxes below.

Primary Owner's Full Name	Title	Date of Birth	SSN

Driver's License Number	State Issued	Expiration Date

Home Address (Street, City, State and Zip) No PO Boxes	Email

Cell Phone	Home Phone	Office Phone	U.S. Citizen? ☐ Yes ☐ No

NOTE: If you earn income from another employer besides the Business shown above, please provide the following information:

Employer's Name	Type of Business	Job Title	No. of Years

ADDITIONAL OWNER(S) / AUTHORIZED SIGNER(S)

In addition to the Business Owner, the following named person(s) is/are authorized, on behalf of the Business, to act in accordance with the designation granted herein. A Business Owner is the only individual entitled to add delete Authorized Signers and to open/close the account.
If the authorized signer checkbox is selected below you must designate which power is being granted: **(1)** Exercise any/all powers related to the account or **(2)** Conduct any/all transactions related to the account.

☐ **OWNER** ☐ **AUTHORIZED SIGNER INFORMATION #1 – Designation Code from above:** _________

Name	Title

Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN

Home Address (Street, City, State and Zip) No PO Boxes	Email

Cell Phone	Home Phone	Business Phone

☐ OWNER ☐ AUTHORIZED SIGNER INFORMATION #2 – Designation Code from above: _________				
Name			Title	
Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
Home Address (Street, City, State and Zip) No PO Boxes			Email	
Cell Phone	Home Phone		Business Phone	

☐ OWNER ☐ AUTHORIZED SIGNER INFORMATION #3 – Designation Code from above: _________				
Name			Title	
Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
Home Address (Street, City, State and Zip) No PO Boxes			Email	
Cell Phone	Home Phone		Business Phone	

IMPORTANT IRS INFORMATION – TIN CERTIFICATION

Under penalties of perjury, I certify that: **1.)** 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.)** Unless designated below, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and **3.)** Unless designated below, I am a U.S. citizen or other U.S. person; and **4.)** The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return then you must check the box "I am subject to backup withholding" below. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

☐ I am subject to backup withholding ☐ I am exempt ☐ I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Exempt payee code (if any) __________ Exemption from FATCA reporting code (if any) __________

SIGNATURES

You hereby apply for membership with Sunmark Credit Union. By signing below, you warrant the truth of the information contained in your application for business membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. You agree to be bound by the terms and conditions found within this Business Membership Application and to the bylaws, rules and regulations of the Credit Union. You further agree to be bound by the terms and conditions found within the Master Business Account Agreement and Disclosures and the Rate and Fee Schedules which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. You also authorize the Credit Union to periodically request and use reports from outside consumer reporting agencies and to answer questions about the Credit Union's experience with you.

In addition to establishing a Business Membership Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition or deletion of Authorized Signer(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless we receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s).

NOTE: The Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving Internet Gambling, Money Services Businesses and/or Marijuana-Related Businesses. You certify that the business for which this account is being established, does not and will not participate in unlawful internet gambling and is not a Money Service Business or Marijuana-Related Business.

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 all financial institutions to 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 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 and other identifying information.

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

Would you like the Credit Union to review your credit report related to this Application to determine whether they might be able to offer you other credit products, products with more favorable interest rates, lower payments or other more advantageous terms than credit products you currently have. ☐ **Yes** ☐ **No**

Signature ☐ Owner ☐ Authorized Signer *X*	Print Name	Title
Signature ☐ Owner ☐ Authorized Signer *X*	Print Name	Title
Signature ☐ Owner ☐ Authorized Signer *X*	Print Name	Title
Signature ☐ Owner ☐ Authorized Signer *X*	Print Name	Title

FOR CREDIT UNION USE ONLY

Date:	Opened/Approved By:	Member Eligibility:

Verification:
☐ Accurint/PreciseID ☐ BizChex ☐ Credit Report ☐ Existing Member (Account # ____________________)

Membership:
☐ Approved ☐ Denied (Adverse Action ☐ Yes ☐ No)

Comments: