



Dear New Member,

Thank you for your interest in Chiropractic Federal Credit Union! We have served Chiropractic professionals, their staff and families since 1950.

**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. In addition to legal entity accounts

**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.

To process your application for membership, please include the following and any missed information will delay the processing of opening your new account:

\_\_\_ A completed **business account** application for business accounts. Please complete any field that has an asterisk.

\_\_\_ A completed beneficial owner(s) certification form.

\_\_\_ A notarized signature affidavit for you and any authorized signers (non-applicable for pre-existing membership).

\_\_\_ A minimum deposit of \$25.00 is required to keep on deposit for the life of your membership.

\_\_\_ A clear copy of your state issued driver's license for you and all authorized signers.

\_\_\_ A completed check order form and funds to cover check printing charge, if you are opening a checking account and would like for us to order you checks.

\_\_\_ A copy of your EIN paperwork.

If you have any questions regarding the enclosed information, do not hesitate to call or email us. If you are not already a member with CFCU, please return all original paperwork by U.S. mail.

We look forward to serving you with all of your financial needs!

Sincerely,

Member Services Representative  
*cfcu@chirofcu.org*

**BUSINESS AND PERSONAL BANKING MADE EASY**

*Building Lifetime Relationships*

*24/7 Secure Mobile Access*

*Competitive Rates & Services*

AUTO LOANS • EQUIPMENT LOANS • OFFICE REMOTE DEPOSITS

# CHIROPRACTIC FEDERAL CREDIT UNION

## BUSINESS ACCOUNT APPLICATION, AGREEMENT, CERTIFICATION/ RESOLUTION, AND SIGNATURE CARD

### USA PATRIOT ACT NOTICE

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the financing 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 for the Business Entity identified below, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you, the owners of the business, or any person designated as a signatory upon the account by resolution. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

Date \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Business \_\_\_\_\_ ("Business Entity") Business Tax ID # \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address (if different) \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Code Word** – For telephone account access: \_\_\_\_\_

**Type of Business:**  Sole Proprietorship  Partnership (includes limited liability partnership)  Limited Partnership  Corporation  Limited Liability Company  Non-Profit Corporation or Association

In addition to this completed Business Account Application, Agreement, Certification/Resolution and Signature Card ("Application and Agreement"), please provide the Credit Union with the following, as applicable:

**Sole Proprietorship** – If operating under an assumed name, a copy of all assumed name filings recorded at the county clerk's office in all counties where a business location is maintained.

**Partnership** – A copy of the written partnership agreement. If the partnership has registered with the Michigan Department of Labor and Economic Growth, Bureau of Commercial Services, Corporation Division ("DLEG"), a copy of the Application to Register a Limited Liability Partnership. If operating as a general partnership under an assumed name, provide a copy of all assumed name filings recorded at the county clerk's office in all counties where a business location is maintained.

**Limited Partnership** – A copy of the written partnership agreement, a copy of the Certificate of Limited Partnership filed with the DLEG, and a copy of a Certificate of Fact Not Cancelled issued by the DLEG. For limited partnerships formed in a jurisdiction other than Michigan, please provide a copy of the Application for Registration to Transact Business in Michigan. If the limited partnership is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Corporation** - A copy of the Articles of Incorporation and a Certificate of Good Standing issued by the state of incorporation. For entities formed under the laws of a jurisdiction other than Michigan, a copy of the Application for Certificate of Authority to Transact Business or Conduct Affairs in Michigan filed with the DLEG. If the corporation is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Limited Liability Company ("LLC")** – A copy of the Articles of Organization and a Certificate of Good Standing issued by the state of organization. For entities formed under the laws of a jurisdiction other than Michigan, a copy of the Application for Certificate of Authority to Transact Business in Michigan filed with the DLEG. If the LLC is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Non-Profit Corporation ("NPC") or Association** – Please provide a copy of NPC Articles of Incorporation or Association Charter Papers and a Certificate of Good Standing issued by the state of organization. If the NPC is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

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### APPLICATION FOR MEMBERSHIP, AUTHORIZATION AND AGREEMENT

**REQUESTED DEPOSIT ACCOUNT(S) AND SERVICE(S):** {Share Savings \$25.00}  Checking  Share Certificate  Money Market  ATM Card  Debit Card

By signing below, I/we hereby apply for membership of the above-named Business Entity in Chiropractic Federal Credit Union. On behalf of the Business Entity, I/we acknowledge receipt of, and agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy Disclosure, Fees and Charges Schedule, and such other additional documents and disclosures the Credit Union has provided, as applicable, to the accounts and services requested herein. The Business Entity further agrees that the Credit Union may change any term or provision of such agreements, except where the particular agreement or applicable law provides differently, upon providing 30 days written notice.

By signing below, I/we represent that I/we have the legal authority to bind the Business Entity to this Application and Agreement, agree to the terms and conditions of the Membership and Account Agreement, and authorize the Credit Union to verify or obtain further information as it may deem necessary concerning the Business Entity to verify the information provided and/or evaluate the creditworthiness of the Business Entity or its principals through use of third parties, including consumer reporting agencies.

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform the Business Entity that restricted transactions are prohibited from being processed through this account or relationship with the Credit Union. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, I certify that: (1) the number shown on this Application and Agreement is Business Entity's correct taxpayer identification number (TIN) (or Business Entity is waiting for a number to be issued); (2) Business Entity is not subject to backup withholding because: (a) Business Entity is exempt from back up withholding under the Internal Revenue Service (IRS) regulations, or (b) Business Entity has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified Business Entity that it is no longer subject to backup withholding, and (3) Business Entity is a U.S. citizen (including a U.S. resident alien, sole proprietorship, partnership, corporation, or company or association created or organized in the United States or under the laws of the United States).

Certification Instructions: You must cross out item 2 above if Business Entity has been notified by the IRS that it is currently subject to backup withholding because it failed to report all interest and dividends on its tax return.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

The party signing below must be an empowered person under the certifications/resolution section of this Application and Agreement.

Signature \_\_\_\_\_

Print Name/Title ► \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR BUSINESS SIGNERS**

Each Authorized Business Signer below has the right to individually transact business on the Business Entity's account(s). The undersigned acknowledge(s) the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Business Signer until notified in writing of a change by a person empowered under the certifications/resolution section, and until the Credit Union has had a reasonable amount of time to amend its records. The undersigned acknowledge(s) and agree(s) that the Credit Union shall not be liable for refusing to honor any signature where the Business Entity has not provided the Credit Union a specimen thereof, and shall hold harmless and indemnify the Credit Union from all claims resulting from payments, disbursements, and/or any other actions taken by the Credit Union in good faith in reliance on the actual or facsimile signatures of an Authorized Business Signer.

The undersigned acknowledge receipt of and agree to the terms of this Application and Agreement, the Membership Agreement, the Funds Availability Policy Disclosure, and such other additional documents and disclosures the Credit Union as provided, as applicable to the accounts and services requested herein. I/we further agree to be bound by the Credit Union's bylaws, rules, policies and procedures. The undersigned understand and agree that the Credit Union's decision to grant membership to the Business Entity will be based on information provided on this Application and Agreement, along with history and information obtained from a consumer reporting agency. The undersigned hereby authorize Chiropractic Federal Credit Union to obtain my/our consumer reports for this purpose.

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

**CERTIFICATION/RESOLUTION**

Resolution

The Business Entity has applied for membership in Chiropractic Federal Credit Union. The undersigned acknowledges that the following is a true representation of resolutions duly adopted by the Board of Directors/Members/Partners/Governing Body at a meeting, as further described below:

**RESOLVED**, that this Business Entity is hereby authorized to apply for membership and to deposit funds into accounts in Chiropractic Federal Credit Union, and agrees to be bound by the terms and conditions of any such account opened with the Credit Union.

**FURTHER RESOLVED**, that until further written notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose names and titles appear in the "Authorized Signature" section of the Application and Agreement.

**FURTHER RESOLVED**, that the Credit Union is authorized to accept a pledge of all or any part of said account as security for any obligation owed to

it by this Business Entity, which shall be executed by an:

**FURTHER RESOLVED**, that every authorization previously granted to the Credit Union with respect to the accounts owned by this Business Entity is revoked and rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the adoption of these resolutions are hereby ratified and confirmed. Further that every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Resolution.

**FURTHER RESOLVED**, that the signature(s) set opposite the respective titles below are genuine and that the person(s) whose signature(s) appear on the authorization were incumbents of the office/positions of the business set opposite their respective signature(s) on the date indicated.

Business Entities that are partnerships additionally resolve the following is true and correct:

1. If any other parties become interested in the partnership as co-partners, the partnership relationship is altered in any way, or if the Business should become incorporated, the Partners shall promptly notify the Credit Union.
2. By signing this resolution, Partners represent that they have provided the Credit Union with true and complete copies of the partnership agreement, if any, as amended to the date of this resolution.

**Certification**

The undersigned certifies that he/she is a duly elected, qualified and/or appointed person of the above-named Business Entity, and the foregoing is a complete, true and correct representation of Resolutions duly adopted by the governing body of the Business Entity at a duly constituted meeting called and held on \_\_\_\_\_, in accordance with the governance documents of the Business Entity, at which the appropriate number of persons entitled to vote on the Resolutions voted in favor of the Resolutions, and the Resolutions are recorded in the minutes of the Business Entity (if any), and are now in full force and effect. The undersigned hereunder has subscribed his/her name(s) and affixed the seal, if any, of the Business on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**For a Corporation, Non-Profit Corporation, or Club/Organization**

**For a Sole Proprietorship**

**For Partnership (all general partners must sign)  
For Limited Liability Company (all members must sign)**

\_\_\_\_\_  
Secretary/Officer

\_\_\_\_\_  
Owner/Sole Proprietor

\_\_\_\_\_  
Partner/Member

\_\_\_\_\_  
Partner/Member

\_\_\_\_\_  
Partner/Member

# Certification of Beneficial Owner(s)

## GENERAL INSTRUCTIONS

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

Certain circumstances (such as when a new account is opened or changes are made to an existing relationship) will require this form to be completed by a representative on behalf of the legal entity with any of the following US financial institutions:

- (i) a bank or credit union;
- (ii) a broker or dealer in securities;
- (iii) a mutual fund;
- (iv) a futures commission merchant; or
- (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country that is privately held. Legal entity does not include sole proprietorships, unincorporated associations, or individuals opening account on their own behalf.

The legal entity generally does not include trusts unless the trust is a statutory trust filed with the secretary of state. In this instance the beneficial owner is the trustee.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified in section (i), you must provide the identifying information of at least one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President may also hold a 30 percent equity interest). Thus, a completed form will contain the identifying information of one individual (as the controlling party under section ii) and may contain up to four individuals who are 25 percent equity holders under section (i), but will not exceed five individuals in total for the two sections.

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## CERTIFICATION OF BENEFICIAL OWNER(S)

*The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).*

**All persons opening an account on behalf of a legal entity must provide the following information:**

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

### SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here  if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		15a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth <small>(MM/DD/YYYY)</small>
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**I, \_\_\_\_\_ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

Legal Entity Identifier (Optional) \_\_\_\_\_

**Additional Section 1 - Second Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Third Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

**Additional Section 1 - Fourth Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



**New Check Order Info:**

Account number: \_\_\_\_\_ Starting number: \_\_\_\_\_

Routing number: 272078828

Check Style: \_\_\_\_\_ (Traditional Blue/Gold/Green are the least expensive\*)

**Single          Duplicate**

Check here if you are going to be ordering checks from a different source: \_\_\_\_\_

**Information on Check:**

Business Name: \_\_\_\_\_

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out if you want checks mailed to a different address:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Upon request, eight starter checks are available at no additional charge (one-time only)**

**\*To view different style checks that Main Street offers, please visit:**

**<https://mainstreetinc.com/checkprogram>**



# Debit MasterCard® / ATM Card Request Form

Debit MasterCard®

ATM Card

Simply complete this form (**please print**) and mail to Chiropractic Federal Credit Union, 23617 Liberty, Farmington, MI 48335.

Your Account Number \_\_\_\_\_

Primary Member's Name (card one) _____	
Driver's License # / State Issued From _____	
Social Security # _____	Mother's Maiden Name _____

Joint Member's Name (card two) _____	
Driver's License # / State Issued From _____	
Social Security # _____	Mother's Maiden Name _____

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

I/We already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, and I/we hereby request that if transactions made with my/our debit MasterCard overdraw my/our Chiropractic Federal Credit Union Checking Account, that transfers be made from that Overdraft Line-of-Credit up to my/our available limit to cover any overdrawn amounts. *If you do not already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, you can come in to the Chiropractic Federal Credit Union office and speak with a Loan Officer or request an application.*

*By signing below, I/we hereby make application for a Chiropractic Federal Credit Union debit MasterCard. I/We agree to be bound to all the terms and conditions governing the use of that card as outlined in the Chiropractic Federal Credit Union DISCLOSURE FOR ELECTRONIC FUND TRANSACTIONS. I/We understand and agree that the disclosure will be provided to me by Chiropractic Federal Credit Union if my request is approved. I/We understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with past history and information obtained from a Consumer Reporting Agency. I/We hereby authorize Chiropractic Federal Credit Union to obtain my consumer report for this purpose.*

Primary Member's Signature \_\_\_\_\_

Joint Member's Signature\* \_\_\_\_\_

\*Both signatures required on joint accounts

Daily Limit Requested \_\_\_\_\_ Daily Limit Approved \_\_\_\_\_

FOR CREDIT UNION USE ONLY		
Date Approved _____	Date Denied _____	Staff Initials _____

Date Approved _____	Number of cards ordered _____	Staff Initials _____
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