



MUNICIPAL EMPLOYEES CREDIT UNION OF BALTIMORE, INC.
 7 East Redwood
 Baltimore, MD 21202
 410-752-8313 • 1-800-248-6328
 www.mecu.com



NEW UPDATE DATE: _____

Business Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. What this means for you: When you open an 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 documents.

ACCOUNT TYPE

Suffix*

Suffix*

Share/Savings _____

Money Market _____

Share Draft/Checking _____

Other: _____

Share Certificate _____

Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Overdraft Protection (Indicate transfer priority below):

ATM Card: _____

Debit Card: _____

PC Access/Internet Banking

Other: _____

Audio Response

MEMBER/ACCOUNT OWNER INFORMATION

NAME _____ MEMBER/ACCOUNT NUMBER _____

OTHER TRADE OR D/B/A NAMES _____

Type of Entity

Corporation

Partnership

Unincorporated Organization

Limited Liability Corporation

General

Association/Club

Sole Proprietorship

Limited

Other: _____

Limited Liability

ACCOUNT INFORMATION

STATE ORGANIZED _____

EIN/TIN _____

BUSINESS LICENSE NUMBER _____

ISSUANCE DATE _____

EXPIRATION DATE _____

STATE ISSUED _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

BUSINESS PHONE _____

OTHER PHONE _____

WEB SITE ADDRESS/EMAIL _____

VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY) _____

NATURE OF BUSINESS _____

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT _____

POSITION _____

SSN/TIN _____

DRIVER'S LICENSE/PERSONAL ID NO(S) _____

STATE ISSUED _____

ISSUANCE DATE _____

EXPIRATION DATE _____

HOME ADDRESS _____

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT _____

POSITION _____

SSN/TIN _____

DRIVER'S LICENSE/PERSONAL ID NO(S) _____

STATE ISSUED _____

ISSUANCE DATE _____

EXPIRATION DATE _____

HOME ADDRESS _____

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

PRINCIPAL/CONTACT INFORMATION			
PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	
PRINCIPAL/CONTACT INFORMATION			
PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	
PRINCIPAL/CONTACT INFORMATION			
PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	
TIN CERTIFICATION AND BACKUP HOLDING INFORMATION			
<p><i>Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:</i></p> <p>(1) <i>The number shown on this form is the Account Owner's correct taxpayer identification number,</i></p> <p>(2) <i>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</i></p> <p>(3) <i>The Account Owner has been organized in the US. and is a U.S. person.</i></p> <p>Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because it has failed to report all interest and dividends on tax return. Cross out item 3 and complete the appropriate W-8 form if Account Owner is not a U.S. person.</p>			
AUTHORIZATION			
<p>____ Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)</p> <p>On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, 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. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>			
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE: _____</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE: _____</p>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE: _____</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE: _____</p>		
FOR CREDIT UNION USE ONLY			
EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION	
ENTITY FORMATION DOCUMENTS REVIEWED BY			
COPIES OBTAINED: <input type="checkbox"/> CORPORATE RESOLUTION <input type="checkbox"/> PARTNERSHIP AGREEMENT <input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS <input type="checkbox"/> CREDIT REPORT <input type="checkbox"/> FINANCIAL STATEMENTS <input type="checkbox"/> OTHER: _____			
GOVERNMENT LIST(S) CHECKED: <input type="checkbox"/> TREASURY CIP LIST <input type="checkbox"/> OFAC <input type="checkbox"/> OTHER: _____			
LIST VERIFICATION COMPLETION DATE		BY	