



MUNICIPAL EMPLOYEES CREDIT UNION OF BALTIMORE, INC.
 7 East Redwood Street
 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: _____
 Share Draft/Checking: _____
 Share Certificate: _____

- Money Market: _____
 Other: _____
 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.): _____
 PC Access/Internet Banking
 Audio Response
- ATM Card: _____
 Debit Card: _____
 Other: _____

MEMBER/ACCOUNT OWNER INFORMATION

NAME _____ MEMBER/ACCOUNT NUMBER _____

OTHER TRADE OR D/B/A NAMES _____

- Corporation
 Limited Liability Company
 Sole Proprietorship
- Type of Entity
 Partnership
 General
 Limited
 Limited Liability
- Select Classification Code: D = Disregarded Entity
 C = Corporation
 P = Partnership
- Unincorporated Organization
 Association/Club
 Other: _____

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			
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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 WITHHOLDING INFORMATION			
<i>Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:</i>			
(1) <i>The number shown on this form is the Account Owner's correct taxpayer identification number,</i>			
(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>			
(3) <i>The Account Owner has been organized in the US. and is a U.S. person.</i>			
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.			

AUTHORIZATION			
____ 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.)			
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>			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE:		TITLE:	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE:		TITLE:	

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	