



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  Safe Deposit Box

**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)
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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
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Business Email Address	Business Web Address
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**TYPE OF BUSINESS** – Legal structure of the business. Additional documentation may be required.

<input type="checkbox"/> <b>Partnership</b> <b>Required</b> <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Assumed Name Certificate (if applicable) <b>And one of the following:</b> <input type="checkbox"/> Registered Business Entity Proof <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> <b>Corporation</b> <b>Required</b> <input type="checkbox"/> Certificate of Incorporation <b>And one of the following:</b> <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> <b>Limited Liability Company (LLC)</b> <b>Required</b> <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement (if more than one owner/member) <b>And one of the following:</b> <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> <b>Non-Profit</b> <b>Required</b> <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> IRS Tax Exempt Status Certification Letter <input type="checkbox"/> Bylaws or Minutes <b>And one of the following:</b> <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> <b>Unincorporated Association</b> <b>Required</b> (any one of the following) <input type="checkbox"/> Bylaws, Minutes, or written statement from official authorizing account & signers <input type="checkbox"/> Assumed Name Certificate (if applicable) <input type="checkbox"/> Federal Tax ID Number Letter
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**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
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Driver's License Number	State Issued	Expiration Date
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Home Address (Street, City, State and Zip) No PO Boxes	Email
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Cell Phone	Home Phone	Office Phone	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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
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**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
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Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
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Home Address (Street, City, State and Zip) No PO Boxes	Email
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Cell Phone	Home Phone	Business Phone
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<input type="checkbox"/> OWNER <input type="checkbox"/> 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	

<input type="checkbox"/> OWNER <input type="checkbox"/> 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.**

Signature <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer <b>X</b>	Print Name	Title
Signature <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer <b>X</b>	Print Name	Title
Signature <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer <b>X</b>	Print Name	Title
Signature <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer <b>X</b>	Print Name	Title

FOR CREDIT UNION USE ONLY		
Date:	Opened/Approved By:	Member Eligibility:

Verification: <input type="checkbox"/> Accurant <input type="checkbox"/> ChexSystems <input type="checkbox"/> Credit Report <input type="checkbox"/> Existing Member (Account # _____)	Membership: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Adverse Action <input type="checkbox"/> Yes <input type="checkbox"/> No)
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List Documents Obtained:

Comments: