



BUSINESS MEMBERSHIP

MEMBERSHIP ELIGIBILITY

- For business membership eligibility, at least one Owner of the Business must have an existing New York University Federal Credit Union Membership
- All Owner(s) must be in NYU FCU Field of Membership
- A \$50 (minimum) Business Membership Savings Account must be opened to establish a NYU FCU Business Membership in the name of the Legal Business Entity
- All NYU FCU accounts (personal or business) held by Owner(s) must be in good standing to open a NYU FCU Business Membership

REQUIRED BUSINESS ENTITY DOCUMENTATION

- Page 1 of the Business Membership Application contains the listing of required business entity documentation for each entity type

AUTHORIZED SIGNERS

- Authorized Signers are allowed access to all Business Checking and Savings accounts
- The Business Owner(s) are automatically included as Authorized Signers
- Only the Business Owner(s) are allowed to add or remove signers from business accounts
- As with owners, ALL personal accounts of Authorized Signers (if any) must be in good standing
- All Authorized Signers must be in NYU FCU Field of Membership

PLEASE NOTE: NYU FCU reserves the right to refuse membership to business entities classified as "High-Risk" in accordance with the Bank Secrecy Act (BSA). This may include, but is not limited to:

- financial, investment, or credit service providers (including money service businesses and tax preparation services);
- IP infringement, regulated, or illegal products (Internet gambling providers, marijuana-related services, and Online tobacco or pharmacies);
- unfair, predatory, or deceptive practices; and/or
- other high-risk products or services (travel agencies or other travel-related services and multi-level marketing programs)

PLEASE NOTE: NYU FCU periodically scans all Business Members and associated accounts. If prohibited high-risk deposit or unsatisfactory account handling transactions are detected the credit union will review the account for immediate account restriction and/or closure.



BUSINESS MEMBERSHIP APPLICATION

BUSINESS INFORMATION

<input type="text"/>		<input type="text"/>	
Name of Business		Business Tax ID No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DBA Name (if applicable)	Business Phone No.	Alternate Business Phone No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address of Business (no PO Box)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address of Business (if different from above address)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Email Address	Business Website	Date Business Established	

TYPE OF BUSINESS *Legal structure of the Business*

<input type="checkbox"/> Corporations	<input type="checkbox"/> Partnerships	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Co (LLC)	<input type="checkbox"/> Rec, Clubs, Org or Similar
<input type="checkbox"/> Tax Identification Number (TIN, FEI or EIN)	<input type="checkbox"/> Tax Identification Number (TIN, FEI or EIN)	<input type="checkbox"/> Social Security Number for Sole Proprietor is used as the primary and the SSN for any co-owner or Tax Identification Number for the business	<input type="checkbox"/> Tax Identification Number (TIN, FEI or EIN)	<input type="checkbox"/> Social Security Number or Tax Identification Number
<input type="checkbox"/> SSN for each Officer and Authorized Signer	<input type="checkbox"/> SSN for each Officer and Authorized Signer	<input type="checkbox"/> 2 Valid Government Photo IDs for all Signers	<input type="checkbox"/> SSN for each Officer and Authorized Signer	<input type="checkbox"/> SSN for each Officer and Authorized Signer
<input type="checkbox"/> 2 Valid Government Photo IDs for all Signers	<input type="checkbox"/> 2 Valid Government Photo IDs for all Signers	<input type="checkbox"/> Articles of Incorporation (certified copy)	<input type="checkbox"/> 2 Valid Government Photo IDs for all Signers	<input type="checkbox"/> 2 Valid Government Photo IDs for all Signers
<input type="checkbox"/> Articles of Incorporation (certified copy)	<input type="checkbox"/> Articles of Partnership Agreement (certified copy)	<input type="checkbox"/> Trade Name Registration (required for DBA only)	<input type="checkbox"/> Articles of Organization (certified copy)	<input type="checkbox"/> Board of Director's Minutes (authorizing signers of checks)
<input type="checkbox"/> Trade Name Registration (required for DBA only)	<input type="checkbox"/> Trade Name Registration (required for DBA only)	<input type="checkbox"/> Other Information (if applicable)	<input type="checkbox"/> Trade Name Registration (required for DBA only)	<input type="checkbox"/> Trade Name Registration (required for DBA only)
<input type="checkbox"/> Other Information (if applicable)	<input type="checkbox"/> Other Information (if applicable)		<input type="checkbox"/> Other Information (if applicable)	<input type="checkbox"/> Other Information (if applicable)

NOTE: New York University Federal Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes entities that conduct transactions involving anything NYU FCU deems to be prohibited, illegal or possibly fraudulent.

BUSINESS DETAILS *Required Information*

Is your Business any of the following? (check all that apply)

<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Privately Owned ATM	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Construction	<input type="checkbox"/> Parking Garage
<input type="checkbox"/> Money Service Business	<input type="checkbox"/> Food Services	<input type="checkbox"/> Vending Machine Operator	<input type="checkbox"/> Administrative Services	<input type="checkbox"/> Cigarette Distributor
<input type="checkbox"/> Legal Service Provider	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail	<input type="checkbox"/> Charity or Non Gov Org	<input type="checkbox"/> Internet Gambling
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Consulting	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other: _____

<input type="text"/>	<input type="text"/>
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Describe the nature of your Business (actual goods or service(s) provided)

NAICS Code

Estimated annual revenue <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$3,000,000 <input type="checkbox"/> Greater than \$3,000,000	Anticipated monthly transaction amount <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checks \$ _____ <input type="checkbox"/> ACH Domestic \$ _____ <input type="checkbox"/> ACH Foreign \$ _____ <input type="checkbox"/> Wire Domestic \$ _____ <input type="checkbox"/> Wire Foreign \$ _____ <input type="checkbox"/> Debit/Credit Card \$ _____	Primary Trade Area <input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input type="checkbox"/> Domestic U.S. <input type="checkbox"/> International	Purpose/Type of transaction for account <input type="checkbox"/> Operating/General <input type="checkbox"/> Escrow Management <input type="checkbox"/> Savings/Investment	Do you have accounts for this business with an institution other than NYU FCU <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Internet a major source of revenue for your business <input type="checkbox"/> Yes <input type="checkbox"/> No How many employees do you have _____
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BUSINESS PRODUCTS *Please indicate the account(s) you are interested in establishing*

Share (Savings) required Draft (Checking) Money Market (Savings)

FUNDING \$50 minimum opening deposit

From my NYU FCU Savings Account
\$ Amount

From my NYU FCU Checking Account
\$ Amount

From an External Account (\$2 Fee)

Other Financial Institution Name

Routing Number Account Number Savings Checking

Date MMDDYYYY \$ Amount

Name(s) on Account

My signature below authorizes New York University Federal Credit Union (NYU FCU) to debit my checking or savings account for deposit amount designated. I understand I must maintain sufficient funds in my designated account to cover the total deposit amount requested. If the payment is returned by the financial institution that the funds are being drawn from, my share account will be charged a \$25 return fee per transaction, and the account will be closed until a deposit is made. If you select the recurring method, you authorize a monthly debit automatically transferring funds from the account specified by you. If the service cannot be established as requested, you will be contacted with a brief explanation of any issues. This may cause a delay in set up of your automatic deposits. Your automatic deposit will be debited from your account on your specified date. This occur even if you elect to make additional deposits outside of the automatic deposit. If your scheduled automatic deposit date falls on a weekend or a legal bank holiday, the automatic deposit will occur on the next business day. If you wish to make a change to your current service, you must contact NYU FCU beforehand. You can change or eliminate this additional amount as long as you give NYU FCU your notification at least ten (10) business days before the scheduled date. You have the right to terminate the service by notifying NYU FCU at least ten (10) business days prior to the scheduled date. NYU FCU reserves the right to cancel this service for any reason and will terminate it if: your automatic deposit is rejected because of "Authorization Revoked" or "Account Closed", three automatic deposits are returned unpaid for insufficient funds within a consecutive 12-month period, or if you do not comply with these terms and conditions.

OWNER 1

First Name Last Name Middle Initial NYU FCU Account Number

Social Security Number Date of Birth Percentage of Ownership
 U.S. Citizen?
Type of Government Issued ID Government Issued ID Number State/Country Expiration Date Yes No

OWNER 2

First Name Last Name Middle Initial NYU FCU Account Number

Social Security Number Date of Birth Percentage of Ownership
 U.S. Citizen?
Type of Government Issued ID Government Issued ID Number State/Country Expiration Date Yes No

OWNER 3

First Name Last Name Middle Initial NYU FCU Account Number

Social Security Number Date of Birth Percentage of Ownership
 U.S. Citizen?
Type of Government Issued ID Government Issued ID Number State/Country Expiration Date Yes No

OWNER 4

First Name Last Name Middle Initial NYU FCU Account Number

Social Security Number Date of Birth Percentage of Ownership
 U.S. Citizen?
Type of Government Issued ID Government Issued ID Number State/Country Expiration Date Yes No

In addition to the Business Owner(s), the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by NYU FCU to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. Only Business Owners are entitled to add and/or delete Authorized Signers.

AUTHORIZED SIGNER 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Middle Initial	NYU FCU Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue a Debit Card?
Social Security Number	Date of Birth	Percentage of Ownership	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Government Issued ID	Government Issued ID Number	State/Country	Expiration Date
			U.S. Citizen?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

AUTHORIZED SIGNER 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Middle Initial	NYU FCU Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue a Debit Card?
Social Security Number	Date of Birth	Percentage of Ownership	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Government Issued ID	Government Issued ID Number	State/Country	Expiration Date
			U.S. Citizen?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

AUTHORIZED SIGNER 3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Middle Initial	NYU FCU Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue a Debit Card?
Social Security Number	Date of Birth	Percentage of Ownership	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Government Issued ID	Government Issued ID Number	State/Country	Expiration Date
			U.S. Citizen?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

DISCLOSURE AND AGREEMENT

I (We) understand that this Agreement is not valid without my (our) signature(s). The words "we," "our," or "your" refer to either the Business Owner or the business entity. I understand that New York University Federal Credit Union (NYU FCU) requires a \$50 minimum new business membership deposit in addition to the \$10 processing fee. I (We) confirm that I (we) have received and agree with the Business Disclosure Packet. I (We) certify that I (we) do not participate in any activity that NYU FCU deems as prohibited, illegal, or possibly fraudulent, including, but not limited to Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the NYU FCU business account or any relationship with NYU FCU. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Casher, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks, Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service. I (We) further understand that NYU FCU reserves the right to deny or restrict any high-risk deposit entities conducting any activity that NYU FCU deems as prohibited, illegal, or possibly fraudulent, including, but not limited to Internet gambling or MSB transactions, and NYU FCU may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (We) also understand that NYU FCU reserves the right to terminate the Company's privileges hereunder. All cards shall be canceled effective upon termination of this agreement, and the Company shall remain liable for all debits or other charges incurred or arising by virtue prior to termination. I (We) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify NYU FCU in advance of such change. Membership at NYU FCU comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at NYU FCU. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (We) agree to accept communications from NYU FCU, including account statements, at the mailing address I (we) have provided in the "Business Information" section of this application, unless I (we) instruct NYU FCU otherwise in writing. I (We) also agree to notify NYU FCU of any change to this address. To help 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 you for your name(s), address(es), date(s) of birth, and other information that will allow us to identify you. We may also ask to see your driver's license(s) or other identifying documents. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. NYU FCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Business Details.

SIGNATURE(S)

By signing below, I (we) agree that I (we) have received the Truth in Savings, Membership and Account Agreement, Regulation D, EFT, Funds Availability and Fee Schedule Disclosures. I (We) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.

Each signer affirms the following: Under penalties of perjury, I certify (1) that the number shown on this form is the Account Holder's correct Taxpayer Identification Number and (2) that the Account Holder is not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholding (if you are subject to backup withholding, mark out statement 2 and initial this paragraph). This agreement also applies to other deposit and savings accounts. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The signature(s) on this agreement should match the signature(s) on the account application form. In the event of any difference, this Resolution & Signature Authority will be the ruling document.

NOTE: All signatures must be hand-signed with wet ink

<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 1 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 3 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 4 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer 1 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer 2 Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer 3 Signature	Printed Name	Date

CORPORATION OR LIMITED LIABILITY COMPANY INFORMATION

Company Name

Resolved, that the funds of Company are hereby authorized to be paid into the account(s) identified on the Account Application delivered to NYU FCU by the Company, and NYU FCU is hereby authorized to pay withdrawals signed in the name of the Company by any person whose signature appears as an Authorized Signer. NYU FCU further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Company, which shall be executed in the name of the Company by any of the signatories. NYU FCU is authorized to supply any endorsement for the Company and any signatory on any check or other instrument tendered for said account(s), it is hereby relieved of any liability in connection with the collection of such items that are handled by NYU FCU without negligence, and it shall not be liable for the acts of its agents, sub-agents, or others or for any casualty. Withdrawals may not be made on account of such items until collected; any amount not collected may be charged back to said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to the Company. The Authorized Signatories are identified on this Account Application. I certify that I am the duly elected, qualified, and acting Secretary or Managing Member as the case may be of the above named Company, that the foregoing is a true and correct copy of a resolution adopted by the Company at a regular or duly called special meeting at which a quorum was present, that said resolution is recorded in its minutes, that the Company is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of One Primary Owner	Printed Name	Date



BENEFICIAL OWNER(S) OF LEGAL ENTITY

WHAT IS THIS FORM?

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 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?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. Persons). 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.

Beneficial owners are:

1. 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**
2. 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 (1), 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 under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1)).

A legal entity may have multiple "beneficial owners," this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.



CERTIFICATION OF BENEFICIAL OWNER(S)

BUSINESS INFORMATION

--	--

Name of Business

Business Tax ID No.

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DBA Name (if applicable)

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Name of Person Opening Account

Name of Legal Entity for Which the Account is Being Opened

The following information for each individual, if any who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed.

BENEFICIAL OWNER 1

--	--	--	--

First Name

Last Name

Middle Initial

Social Security Number

--	--

Date of Birth

Address

--	--	--	--	--

Type of Government Issued ID

Government Issued ID Number

State/Country

Expiration Date

U.S. Citizen?

Yes

No

BENEFICIAL OWNER 2

--	--	--	--

First Name

Last Name

Middle Initial

Social Security Number

--	--

Date of Birth

Address

--	--	--	--	--

Type of Government Issued ID

Government Issued ID Number

State/Country

Expiration Date

U.S. Citizen?

Yes

No

BENEFICIAL OWNER 3

--	--	--	--

First Name

Last Name

Middle Initial

Social Security Number

--	--

Date of Birth

Address

--	--	--	--	--

Type of Government Issued ID

Government Issued ID Number

State/Country

Expiration Date

U.S. Citizen?

Yes

No

BENEFICIAL OWNER 4

--	--	--	--

First Name

Last Name

Middle Initial

Social Security Number

--	--

Date of Birth

Address

--	--	--	--	--

Type of Government Issued ID

Government Issued ID Number

State/Country

Expiration Date

U.S. Citizen?

Yes

No

The following information is for one individual with significant responsibility for managing the legal entity listed above such as executive officer or senior manager (Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) OR ANY individual who performs similar functions.

BENEFICIAL OWNER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Middle Initial	Social Security Number
<input type="text"/>	<input type="text"/>		
Date of Birth	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Government Issued ID	Government Issued ID Number	State/Country	Expiration Date
U.S. Citizen?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

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

<input type="text"/>	<input type="text"/>
Signature of Person Opening Account	Date