



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

Business Account Application

NEW UPDATE DATE: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Share Certificate: _____ | <input type="checkbox"/> Other: _____ |

ACCOUNT SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Overdraft Protection (Savings Only): _____ | <input type="checkbox"/> Debit Card: _____ |
| <input type="checkbox"/> PC Access/Internet Banking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Audio Response | |

MEMBER/ACCOUNT OWNER INFORMATION

NAME _____ MEMBER/ACCOUNT NUMBER _____

OTHER TRADE OR D/B/A NAMES _____

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

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 _____		NUMBER OF EMPLOYEES _____	

ACCOUNT OWNER INFORMATION

ACCOUNT OWNER _____	POSITION _____	SSN/TIN _____	BIRTH DATE _____
DRIVER'S LICENSE/PERSONAL ID NO(S) _____	STATE ISSUED _____	ISSUANCE DATE _____	EXPIRATION DATE _____
HOME ADDRESS _____			
HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE _____	

ACCOUNT OWNER INFORMATION

ACCOUNT OWNER _____	POSITION _____	SSN/TIN _____	BIRTH DATE _____
DRIVER'S LICENSE/PERSONAL ID NO(S) _____	STATE ISSUED _____	ISSUANCE DATE _____	EXPIRATION DATE _____
HOME ADDRESS _____			
HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE _____	



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HOME PHONE	CELL PHONE	BUSINESS PHONE	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- (1) *The number shown on this form is the Account Owner's correct taxpayer identification number,*
- (2) *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*
- (3) *The Account Owner has been organized in the US. and is a U.S. person.*

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 Application, 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. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services your request. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X	
----------	--

SIGNATURE _____ DATE _____
TITLE: _____

X	
----------	--

SIGNATURE _____ DATE _____
TITLE: _____

X	
----------	--

SIGNATURE _____ DATE _____
TITLE: _____

X	
----------	--

SIGNATURE _____ DATE _____
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	