



Saving Our Members Money  
www.nbcu.org

# Norristown Bell Credit Union

“Saving Our Members Money”

*Business Membership Application*

## 1. Required Document Checklist

All documentation listed below is required to open a business account. The highlighted documents are provided by Norristown Bell Credit Union. All new business accounts require a minimum deposit of \$5.00 into the share account and a one-time \$0.25 lifetime membership fee.

### **Sole Proprietorship**

**New Member Application/Certification Form**

Filed Fictitious Name Certificate

\*Not applicable if individual’s first and last name is in the business name

Affidavit of Sole Proprietorship (requires notary)

Tax ID Assignment verification from the IRS or Social Security Number

Limited Power of Attorney to act on behalf of Sole Proprietor (if applicable) (requires notary)

PA State Issued Identification for all signers

### **General Partnership**

**New Member Application/Certification Form**

Filed Fictitious Name Certificate

Tax ID Assignment verification from the IRS

Partnership Agreement

Partnership Resolution of Authority

PA State Issued Identification for all signers

### **Limited Partnership**

**New Member Application/Certification Form**

Certificate of Limited Partnership

Filed Fictitious Name Certificate

Limited Partnership Agreement

Partnership Resolution of Authority

Tax ID Assignment verification from the IRS

PA State Issued Identification for all signers

### **Limited Liability Company (LLC)**

**New Member Application/Certification Form**

Articles of Organization (rules of LLC) or Operating Agent

Certificate of Organization (to prove LLC is registered with the state)

Tax ID Assignment verification from the IRS

Limited Liability Company Authorization Resolution

PA State Issued Identification for all signers

### **Corporations, Including Non-Profit Organizations**

**New Member Application/Certification Form**

Articles of Incorporation (AND by-laws for non-profit organizations)

Corporate Authorization Resolution

Tax ID Assignment verification from the IRS

PA State Issued Identification for all signers

Certificate of Authority (If business is located outside PA; however, it conducts business in PA)

## Business Account Disclosures

- Read the W-9 information, Patriot Act Notice, Regulation E and Beneficial Owners information below. Follow all instructions that apply.
- Complete the application and provide the appropriate documentation related to your entity type listed on the “Required Documents” on page 1 attached to this application with an opening deposit of at least \$5 plus a .25 cent lifetime membership fee (\$5 is the minimum required balance for your Business Regular Shares).

### W-9 FORM – INTERNAL REVENUE SERVICE TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, by the signature(s) above, I/we certify that: (1) The number shown on this form is the account owner’s correct taxpayer identification number, or (2) The account owner is not subject to backup withholding because: 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 failure to report all interest dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding, and/or (3) the account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien).

Instructions: Cross out item (2) above 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. Cross out item (3) and complete the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

### U.S.A. Patriot Act Identification Verification Notice Important information about procedures for opening a new account.

To help our 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 at Norristown Bell Credit Union. What this means for you: When you open an account, we will ask you for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information. Please be assured that the same strict confidentiality of your information maintained by Norristown Bell Credit Union will be continued as required under the Gramm-Leach-Bliley Privacy Act and Norristown Bell Credit Union Privacy Policy.

### Regulation E

Under the ACH Rules, NBCU can return any non-consumer ACH debit entry as unauthorized on the next business day following the business day NBCU posts the entry to your account. In order for NBCU to meet this deadline, you are required to notify us to return any non-consumer ACH debit entry as unauthorized before the cutoff time of 1:00 PM EST the next business day after the item posts to your account. If you do not timely notify us of the unauthorized non-consumer ACH debit entry, we will not be able to return it without the cooperation and agreement of the originating bank and the originator of the debit entry. Any other effort to recover the funds must occur solely between you and the originator of the entry.

*At this time, Norristown Bell Credit Union does not service marijuana-related businesses*

## 2. Certification of Beneficial Owners

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### I. GENERAL INSTRUCTIONS

#### **What is the certification form?**

To help the government fight financial crime, federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be used 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., beneficial owners) helps law enforcement investigate and prosecute these crimes. Accordingly, NBCU requires identification such as a driver's license or other identifying document for each beneficial owner listed on our Business Account Application Certification Form.

#### **Who has to complete this form?**

This form must be completed by the 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; or (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?**

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (*i.e.*, the **beneficial owners**):

- (i) 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**
- (ii) 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 (i), 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 (i), you must provide the identifying information of one individual under section (ii). 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 (ii)), and up to five individuals (*i.e.*, one individual under section (ii) and four 25 percent equity holders under section (i)).

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.

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

**Persons opening an account on behalf of a legal entity must provide the following information:**

a. Name and Title of Natural Person Opening Account:

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b. Name, Type and Address of Legal Entity for Which the Account is Being Opened

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c. The following information for each individual, if any, who, directly or indirectly, through any control, agreement, understanding, relationship or otherwise owns 25 percent or more of the equity of the legal entity listed above:  
(If no individual meets this definition, please write "Not Applicable")

Name	Date of Birth	Address (Residential or business Street)	For U.S. Persons: Social Security	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number*

\*In lieu of a passport number, non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

- d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
  - Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential or business Street)	For U.S. Persons: Social Security	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

### 3. Business Identification

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Federal Tax ID# or Social Security Number: \_\_\_\_\_

Type of organization:     Sole Proprietor    Partnership    LLC    Corporation    Non Profit

Membership Eligibility:

Activity:     Live    Work    Worship    Volunteer    Attend School    Businesses in;

County:     Montgomery

Business street address: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please answer the following questions regarding the types of transactions your business will perform for its customers/clients.

1. Does your business conduct any internet gambling transactions? Y or N
2. Does your business currently or will it perform any wire, ACH, or money transfer services for its customers? Y or N
3. Does your business currently or will it sell money orders or travelers checks for its customers? Y or N
4. Does your business currently or will it cash checks for its customers? Y or N
5. Does your business currently or will it provide foreign currency exchange services for its customers? Y or N

**If you answered yes to any of the five questions on page two, STOP. You may not open this account without senior management approval. Please refer to the Branch Operations Manager for exception consideration.**

Please provide an estimated weekly/monthly cash flow (intake) amount \$ \_\_\_\_\_

Circle One

#### 4. Signatures

I/we apply for a business account(s) with Norristown Bell Credit Union and agree to the conditions stated in the Agreements & Disclosures, the bylaws, rules and regulations of Norristown Bell Credit Union. I/we apply for and agree to the stated terms for each service requested on this application. From time to time, Norristown Bell Credit Union will announce additional services. My/Our use of these services will indicate my/our acceptance of the terms and conditions presented as they are announced. I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me/us or my/our affairs and all joint owners upon request of this credit union. I/We understand that I/we (business owners) have the right to request in writing, the nature and scope of the credit union's investigation. Any negative balance created in this account shall be the personal obligation of all business partners, or any of them, jointly and severally at the sole discretion of Norristown Bell Credit Union. I/We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to State Chartered Credit Unions insured by the National Credit Union Administration. I/We understand that Norristown Bell Credit Union will rely on all the information in this membership application to ensure membership eligibility. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. Any financial service provided by Norristown Bell Credit Union may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at Norristown Bell Credit Union's discretion. You further agree, should illegal use occur, to waive any right to sue Norristown Bell Credit Union for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold Norristown Bell Credit Union harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

I certify that I am a:    U.S. Citizen    Permanent Resident Alien    Non-Permanent Resident

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: (   ) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

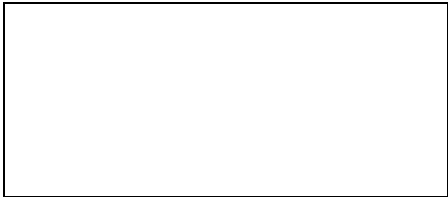
Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Internal Use Only   ChexSystems Authorization completed [   ] Inquiry ID \_\_\_\_\_

**Signature must be notarized if person signing above is not physically present in the branch.**

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that \_\_\_he \_\_\_executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.



Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

I certify that I am a:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

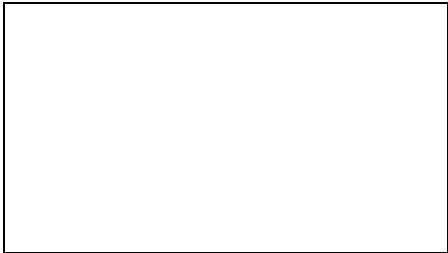
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Internal Use Only ChexSystems Authorization completed [ ] Inquiry ID \_\_\_\_\_

**Signature must be notarized if person signing above is not physically present in the branch.**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that \_\_\_he \_\_\_executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.



Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

I certify that I am a:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

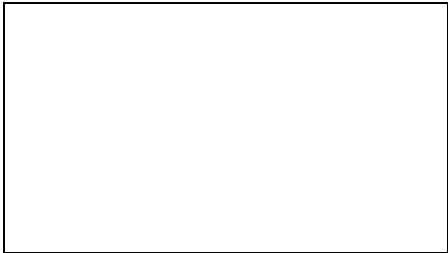
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Internal Use Only ChexSystems Authorization completed [ ] Inquiry ID \_\_\_\_\_

**Signature must be notarized if person signing above is not physically present in the branch.**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that \_\_\_he \_\_\_executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.



Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

I certify that I am a:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

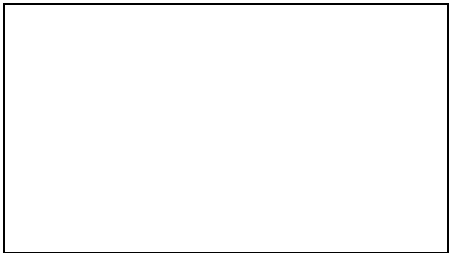
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Internal Use Only ChexSystems Authorization completed [ ] Inquiry ID \_\_\_\_\_

**Signature must be notarized if person signing above is not physically present in the branch.**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me  
\_\_\_\_\_, the undersigned officer,  
personally appeared \_\_\_\_\_, known to me (or  
satisfactorily proven) to be the person(s) whose name(s) subscribed to the within  
instrument, and acknowledged that \_\_\_he \_\_\_executed the same for the purposes  
therein contained. In witness whereof, I hereunto set my hand and official seal.



Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

I certify that I am a:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

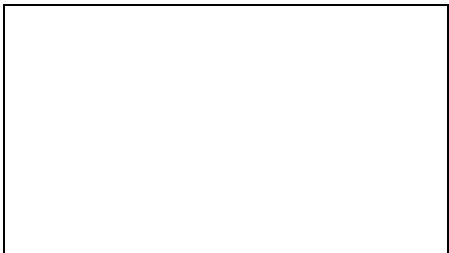
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Internal Use Only ChexSystems Authorization completed [ ] Inquiry ID \_\_\_\_\_

**Signature must be notarized if person signing above is not physically present in the branch.**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me  
\_\_\_\_\_, the undersigned officer,  
personally appeared \_\_\_\_\_, known to me (or  
satisfactorily proven) to be the person(s) whose name(s) subscribed to the within  
instrument, and acknowledged that \_\_\_he \_\_\_executed the same for the purposes  
therein contained. In witness whereof, I hereunto set my hand and official seal.





## 5. Services

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Business Savings (Regular Shares)

This account is required to maintain membership and is where \$5 of your initial deposit will automatically be held.

Initial Deposit: \$\_\_\_\_\_

Business Checking

- According to the PA Department of Banking, Credit Union Code Title 17, a credit union can pay interest (dividends) to all member draft accounts including business shares. Business members are not required to earn interest. Norristown Bell Credit Union will assign the proper coding to ensure interest is either paid, or neither generated, paid out or reported upon your choice below.

Interest bearing

Non-Interest bearing

Initial Deposit: \$\_\_\_\_\_

Free Online Home Banking – access to both A.R.T. TellerLine and NBCU OnLine

- For A.R.T., select a four-digit numeric PIN which is not easily identified with you. Please do not use all zeros as part of your PIN. Norristown Bell Credit Union does not keep your PIN on file. Only one A.R.T. PIN access per account.

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- For NBCU OnLine, after the business account is approved and established, you will be contacted within 24 business hours by email with an access ID and temporary password.

E-Statements

Requires online banking. If you select this service, you will not receive paper statements

NBCU OnLine Bill Pay

Requires online banking and Share Draft Checking account. Charges may apply for this service. See fee schedule for additional information.

NBCU Debit Card/ATM Card

You may have up to four (4) total plastic cards on your business checking account (tied to the authorized signers on the account). Please complete the following.

1. Name on check card: \_\_\_\_\_ Check Card PIN: \_\_\_\_\_

- Debit Card – ATM Card (Circle One)
- I am an owner or partner and completed section 3
- I am NOT an owner or partner. I am an authorized cardholder. (COMPLETE INFORMATION BELOW)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

2. Name on check card: \_\_\_\_\_ Check Card PIN: \_\_\_\_\_

- Debit Card – ATM Card (Circle One)
- I am an owner or partner and completed section 3
- I am NOT an owner or partner. I am an authorized cardholder. (COMPLETE INFORMATION BELOW)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

3. Name on check card: \_\_\_\_\_ Check Card PIN: \_\_\_\_\_

- Debit Card – ATM Card (Circle One)
- I am an owner or partner and completed section 3
- I am NOT an owner or partner. I am an authorized cardholder. (COMPLETE INFORMATION BELOW)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

4. Name on check card: \_\_\_\_\_ Check Card PIN: \_\_\_\_\_

- Debit Card – ATM Card (Circle One)
- I am an owner or partner and completed section 3
- I am NOT an owner or partner. I am an authorized cardholder. (COMPLETE INFORMATION BELOW)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Authorization

*All ATM/Debit applications are subject to approval based on ECOA review. By completing this application, you agree that Norristown Bell Credit Union reserves the right to obtain a credit report at the time of the application and at any time while your ATM/Debit card is actively approved by NBCU.*

NOTE: If this (these) person(s) will be (an) authorized cardholder(s) and is (are) not the owner(s), I/we authorize him/her/them to use the card and I/we accept full responsibility for all charges and/or cash advances just as though I/we made them. If you designate (an) authorized cardholder(s) he/she/they may not order replacement cards or obtain account information. You will receive agreement and disclosure materials specific to this product after you application is processed. Indicate name(s) to be on check card(s) and type of user(s); IF YOU ARE NOT AN OWNER OR PARTNER, YOU MUST CHECK THE AUTHORIZED CARDHOLDER BOX AND FILL OUT YOUR HOME ADDRESS, SOCIAL SECURITY NUMBER, DATE OF BIRTH, and HOME and WORK PHONE NUMBERS.

#### FOR CREDIT UNION USE ONLY

Account Opened By: \_\_\_\_\_ Date \_\_\_\_\_

Account Checked By: \_\_\_\_\_ Date \_\_\_\_\_

Business Account Number \_\_\_\_\_ Application Package Imaged  YES