



Date \_\_\_\_\_

Account Number \_\_\_\_\_

SEG #: \_\_\_\_\_

“I” and “My” mean each and every person who signs below. “You”, “Your”, “We” and “RTN” mean RTN Federal Credit Union

**Customer Identification Requirements:** Pursuant to federal law, we must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this application must provide his/her name, address, date of birth, and other identifying information. We can ask to see your driver’s license or other identifying documents and documents confirming your business’s existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.

# BUSINESS ACCOUNT APPLICATION

<b>Part 1. General Information</b>
Legal Business Name
DBA (Doing business as)
Business Street Address
City, State, ZIP
Mailing Address <i>(if different from street address)</i>
Business Purpose
Telephone
Fax
E-mail

**Part 2. Business Type**

- Sole Proprietorship     Corporation     Limited Liability Company     Limited Partnership  
 Limited Liability Partnership     General Partnership     Trust; type: \_\_\_\_\_     Unincorporated Association

**Sole Proprietorship:** Attach registered business name statement, if any, and complete the attached sole proprietor's certification.

**General Partnership (including joint ventures):** Attach registered business name statement and Certificate of Partnership, if any, and complete the attached general partnership certification.

**Corporation:** Attach Articles of Incorporation, registered business name statement (if any), and corporate resolution authorizing establishment of financial institution accounts. In lieu of a resolution, you may use the attached resolution.

**Limited Partnership:** Attach Certificate of Limited Partnership and registered business name statement, if any, and complete the attached limited partnership certification.

**Limited Liability Company:** Attach Articles of Organization and registered business name statement, if any, and complete the attached LLC certification.

**Limited Liability Partnership:** (For lawyers, accountants and architects): Attach LLP Registration and registered business name statement, if any, and complete the attached LLP certification.

**Unincorporated Association:** Attach resolution that authorizes establishment of financial institution accounts. In lieu of a resolution, you may use the attached resolution form.

**Part 3. Field of Membership**

The entity is eligible to join RTN Federal Credit Union due to:

- The organization is currently in the Credit Union's Field of Membership through \_\_\_\_\_ (name of organization).
- The organization requests to be added to the Credit Union's Field of Membership for its \_\_\_\_\_ employees/students/members. Our office is located \_\_\_\_\_ miles from a full-service Credit Union office.

***THIS BUSINESS ACCOUNT APPLICATION WILL BE OPENED AFTER APPROVAL OF THE AMENDMENT OF RTN FEDERAL CREDIT UNION'S CHARTER/BYLAWS BY THE NATIONAL CREDIT UNION ADMINISTRATION (NCUA).***

\_\_\_\_\_  
Authorized Person's Name (Please print)

\_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Group's location

By signing below, I certify that all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable, are also within or have requested inclusion in RTN Federal Credit Union's field of membership and are therefore eligible to open this business account.

**Part 4. Agreement**

By completing this application, I am requesting that you open this account as indicated. I authorize you to verify the information on this application with third parties such as credit agencies. I authorize you to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer. I agree that you may rely on the signature authority indicated on this application until notified otherwise in writing. All accounts opened will be subject to Massachusetts and federal law and RTN's bylaws, policies and rules. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates and charges established by you for the type of account being opened, as stated in RTN's Deposit Account Agreement, Fee Schedule, Electronic Banking Disclosure and Funds Availability Disclosure as amended from time to time. I certify that the accounts opened will not be used for personal, family or household purposes. I authorize you to verify the information provided by me through CheckSystems, Inc., and understand that the opening of this account is provisional, subject to a satisfactory report from Chex Systems. I/We also understand the use of any business account to initiate or receive payments for unlawful internet gambling is strictly prohibited.

_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature

**Part 5. Taxpayer ID Number (TIN) Certification and Backup Withholding**

*Completion of this section is mandatory for all accounts.*

**TAX CERTIFICATION:** By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, or (b) has never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified by the IRS that it is no longer subject to backup withholding. I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

Business Taxpayer ID (TIN) 

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If this business is subject to backup withholding, check here: [ ]

_____	_____	_____
Print Name	Title	Authorized Signature

**PLEASE COMPLETE EITHER PART 6 OR PART 7**

**PART 6. SOLE PROPRIETOR/GENERAL PARTNERSHIP/LIMITED PARTNERSHIP/LLC/LLP CERTIFICATION**

By signing below, I/we certify (check one)

I am the sole owner of the Sole Proprietorship requesting and depositing funds to this/these account(s).

I am the general partner of the Limited Partnership requesting and depositing funds to this/these account(s).

We are all partners of the General Partnership (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.

I/we am/are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.

I/we am/are all of the partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked. This is not a fiduciary account (such as an attorney-client trust account).

I/we certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/we agree on behalf of the named business entity to all terms stated on this application and separate account agreements provided to me/us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**PART 7. CORPORATION / UNINCORPORATED ASSOCIATION RESOLUTION**

**Resolved that**, the \_\_\_\_\_ (title(s) of this entity) is/are authorized to open and maintain accounts with RTN Federal Credit Union as indicated on this application, a copy of which has been presented to the meeting of the directors/officers of \_\_\_\_\_ (name of entity).

**Further resolved**, that the persons identified as authorized signers on this application are authorized to conduct all business on financial institution accounts for this entity, including but not limited to opening accounts, closing accounts, depositing and withdrawing funds consistent with indicated signature authorizations.

**Certification:** I certify that I am the Secretary of this corporation or unincorporated association, that the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on \_\_\_\_\_, 20\_\_\_\_, and that these resolutions remain in effect and have not been modified.

Executed on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
Date City State

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Print Name

**For Credit Union Use Only**

\_\_\_\_\_  
RTN employee receiving application

\_\_\_\_\_  
Date application received

Government Issued ID: \_\_\_\_\_

\_\_\_\_\_  
ChexSystems Approval Number

\_\_\_\_\_  
Membership Officer approving application

Application received  in person  
 by mail

State license: \_\_\_\_\_  
 Military ID  
 Other: \_\_\_\_\_

Initial Disclosures provided:  
 Yes  No

