



iTHINK Financial Credit Union  
 P.O. Box 5090, Boca Raton, FL 33431-0890  
 800.873.5100 • www.ithinkfi.org • serviceplus@ithinkfi.org

## BUSINESS MEMBERSHIP APPLICATION

Business Member #:

Business Information			
Business/Organization Name		Password (For Phone Verification)	Business Tax ID #
DBA Name (if applicable)		Business Phone #	Alternate Phone # (If Applicable)
Physical Address of Business: Street (Cannot be a post office box)		City	State Zip Code
Mailing Address of Business: Street (If different from above address)		City	State Zip Code
List Additional Location of Business: (If any) Street		City	State Zip Code
Email Address (Required for online access)		Website Address (If Applicable)	Date Business Established (MM/DD/YY)
A. Type of Business			
<b>Legal Structure of Business:</b>			
<p><b>Sole Proprietorship    Partnership    Corporation    Single Member Limited Liability Company (LLC)</b>  <b>Multi-Member Limited Liability Company (LLC)    Not for Profit / Club / Organization</b></p>			
B. Business Details			
Describe the Business Type (consulting, retail etc.) and include goods sold or services provided and any other information that details your business activities.			
Estimated annual sales/revenue			
Less than \$100,000      \$100,000 - \$200,000      \$200,000 - \$500,000      Greater than \$500,000			
Anticipated monthly transaction amount			
Cash \$ _____      Checks \$ _____      ACH Domestic \$ _____      ACH Foreign \$ _____			
Wire Domestic \$ _____      Wire Foreign \$ _____      Debit/Credit Cards \$ _____			
Business' primary trade area (Check all that apply)			Do you have accounts for this Business with another institution.
Local Community      Statewide      Domestic U.S.      International			Yes    No    If yes, where? _____
Purpose/Type of transactions for which your account will be used:			Is the internet a major source of revenue for your business?
Operating/General Purpose      Savings			Yes    No
C. Products and Services			
<p>Checking      Other:</p> <p>Savings      eStatements    I want paper statements</p> <p>Other _____      iTHINK Financial Credit Union Online Account Access</p>			
D. Owners / Officers			
Primary Owner / Officer Contact			
Name: First      MI    Last		Date of Birth (MM/DD/YY)	Social Security #      Member #
Issue Business Debit Card?	Driver's License or Government ID #	Expiration (MM/DD/YY)	U.S. Citizen?
Yes    No			Yes    No
Primary Phone #	Alternate Phone # (If Applicable)	By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

**D. Owners / Officers**

**Owner / Officer 2**

Name: First	MI	Last	Date of Birth (MM/DD/YY)	Social Security #	Member #
Issue Business Debit Card? Yes No	Driver's License or Government ID #		Expiration (MM/DD/YY)	U.S. Citizen? Yes No	
Primary Phone #	Alternate Phone # (If Applicable)		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.		

**Owner / Officer 3**

Name: First	MI	Last	Date of Birth (MM/DD/YY)	Social Security #	Member #
Issue Business Debit Card? Yes No	Driver's License or Government ID #		Expiration (MM/DD/YY)	U.S. Citizen? Yes No	
Primary Phone #	Alternate Phone # (If Applicable)		By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.		

**E. Authorized Signers (are only allowed access to Checking or Savings Accounts)**

The Business authorizes the Business Owner(s) and the following named person(s) on behalf of the Business, to execute any document required by iTHINK Financial Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. Additions or deletions to Authorized Signers may only be done by a Business Owner.

**Authorized Signer 1**

Name: First	MI	Last	Social Security #	
Current Member Yes No	Primary Phone #	Alternate Phone # (If Applicable)	Issue Business Debit Card? Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #		Expiration (MM/DD/YY)	U.S. Citizen? Yes No
Products Authorized for: All Accounts All Savings Only All Checking Only Account # _____ only			By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

**Authorized Signer 2**

Name: First	MI	Last	Social Security #	
Current Member Yes No	Primary Phone #	Alternate Phone # (If Applicable)	Issue Business Debit Card? Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #		Expiration (MM/DD/YY)	U.S. Citizen? Yes No
Products Authorized for: All Accounts All Savings Only All Checking Only Account # _____ only			By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

**Authorized Signer 3**

Name: First	MI	Last	Social Security #	
Current Member Yes No	Primary Phone #	Alternate Phone # (If Applicable)	Issue Business Debit Card? Yes No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID #		Expiration (MM/DD/YY)	U.S. Citizen? Yes No
Products Authorized for: All Accounts All Savings Only All Checking Only Account # _____ only			By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.	

**G. AUTHORIZED SIGNATURES**

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of the Credit Union. I certify that the entity named herein is within the field of membership of this Credit Union if membership is requested, and that this account is to be used solely for the business of said entity. I/we certify the signature(s) on this card apply to all accounts of this legal entity and all information provided is true and correct. I/we certify that all necessary steps have been executed to formally establish the business referenced. I agree to provide the Credit Union with a copy of the: Partnership Agreement, Operating Agreement, or Charter, or such other documentation as the Credit Union may require, as applicable, prior to opening the account. I also acknowledge that I have received and agree to be bound by any terms and conditions in this Application, and in the Account Disclosures or Fee Schedules, and any special account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) of this legal entity secure payment of any account owner's obligations to the Credit Union.** I/we hereby warrant and certify that I/we will update information contained in this application from time to time upon request of the Credit Union or when there is a material change to the information provided.

**CONSENT:** The entity and each person indicated herein as an authorized user, or otherwise having any authority to make any transactions consents that the Credit Union may verify your eligibility for any account(s), service(s), or loan products ("services") now and in the future; and/or to act as an authorized user. You authorize us to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. You specifically consent that the Credit Union may report information concerning your account(s) and credit to others.

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:** Under penalties of perjury, I certify that: (1) The information on page 1 of this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **THE IRS DOES NOT REQUIRE ME TO CONSENT TO ANY OF THE PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

Owner / Officer 1	Date
X	
Owner / Officer 2	Date
X	
Owner / Officer 3	Date
X	

Authorized Signer 1	Date
X	
Authorized Signer 2	Date
X	
Authorized Signer 3	Date
X	

**H. Resolution and Grant of Authority to Act For the Business/Organization**

The undersigned, under the penalty of perjury, hereby certify that the organization described is validly organized under applicable law and is in "good standing"; and that at a meeting of the Board of Directors, Trustees, Members or Partners, at which a quorum was present (if applicable), the duly authorized and governing body of this Entity adopted the following resolution, which in all respects, is in conformity with the rules, agreements, By laws or Articles of Incorporation of this Entity.

**ACCOUNTS AND ACCOUNT SERVICES:**

**RESOLVED,** that iTHINK Financial Credit Union is designated a depository institution of this Entity and is authorized to recognize any one of the signature(s) of any person designated on page 2, who has signed this application for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with iTHINK Financial Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, safe deposit box leases and all other services offered to members] which authority will remain in full force and effect until iTHINK Financial Credit Union receives further instructions in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized.

**FURTHER RESOLVED,** that this Entity agrees that all accounts will be governed by the terms and conditions set forth in iTHINK Financial Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing iTHINK Financial Credit Union or any account.

**IT IS FURTHER RESOLVED** that the authorized person's signature on the Resolution will supplement and govern with regard to the person(s) authorized to sign and transact any business on the entity's accounts with the Credit Union. The Credit Union may, in its sole discretion require new signature card(s) be executed any time the entity changes the authorized person(s)/signature(s); which changes must be submitted in a written document that is accepted by the Credit Union before any such change will be effective.

I. Designated Business Primary Owner / Officer:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*\*Do not complete for sole proprietorships using a social security number\**

**I. General Instructions**

**What is this form?** To help fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers (*corporations*) and disclose the key individuals who own or control a legal entity.

**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) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., a person who owns 25% or more of the shares of a corporation); **AND**
- (ii) An individual with significant responsibility for managing the legal entity (e.g., President, Vice President, Treasurer, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Partner, General Partner, or other individuals with similar responsibilities).

**II. Certification of Business Owner(s) - Persons opening an account on behalf of a legal entity must provide the following information:**

A. Name of person(s) opening account or maintaining business relationship with credit union.

B. Name of legal entity for which the account is being opened/maintained:

C. Complete the following information for each individual, if any, who directly or indirectly owns **25% or more** of the equity interest of the legal entity listed above. If no individual meets this definition, check below box **"beneficial owner not applicable" and skip to (D)**.

**Beneficial owner not applicable** (there are no owners with 25%+ ownership interest in the corporation)

**Beneficial Ownership Information**

BENEFICIAL OWNER 1:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES
BENEFICIAL OWNER 2:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES
BENEFICIAL OWNER 3:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES

D. **CONTROLLING PERSON INFORMATION:** Provide the following information for one individual with significant responsibility for managing the legal entity: (e.g. President, Vice President, Treasurer, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Partner, or General Partner: OR any other individual that regularly performs similar functions (if appropriate, an individual listed under section (C) above may be listed in this section (D)).

**Controlling Person**

INDIVIDUAL NAME	Title	SOC SEC #	DATE OF BIRTH
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES

**III. Certification and Agreement**

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened.

SIGNATURE <b>X</b>	DATE
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