



CAP COM Financial Center
 4 Winners Circle • Albany, NY 12205
 ph. (518) 458-2195 | (800) 468-5500 | fax (518) 458-2261
 www.capcomfcu.org

Other Branch Locations
 Brunswick • Clifton Park • Cohoes • Colonie • Glenmont
 Latham • Malta • Niskayuna • North Greenbush

BUSINESS MEMBERSHIP APPLICATION & AGREEMENT

Date	Business Name	Member Number	Br. No.
Account Type(s): <input type="checkbox"/> Business Essential Savings <input type="checkbox"/> Business Essential Club <input type="checkbox"/> Business Essential Money Market <input type="checkbox"/> Business Premier Money Market <input type="checkbox"/> Organizational Checking <input type="checkbox"/> IOLA Checking <input type="checkbox"/> Business Ease Checking <input type="checkbox"/> Business Edge Checking <input type="checkbox"/> Business Elite Checking <input type="checkbox"/> Term Share Certificate (Type) _____ (Term) _____			
Business Classification: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Unincorporated Non-Profit Association			

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW 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 who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, 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 Owner Information

Business Name			Lock Word		Years In Business
Business Address (Physical)		Apt/Box	City		State Zip
Mailing Address		Apt/Box	City		State Zip
Social Security Number/Employer Identification Number		Business Telephone Number	Business Fax Number	Business E-Mail Address No. of Employees	

Business Owner/Signer 1 Information Owner Officer Partner Member Authorized Signer

Name				Title	
Address		Apt/Box	City		State Zip
Social Security Number	Home Telephone	Business Telephone	E-Mail Address		Birth Date
Eligibility	Driver's License Number/State/Issue Date/Exp. Date		Employer	Mobile Phone	
Occupancy Status Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____					Time At Residence

Business Owner/Signer 2 Information Owner Officer Partner Member Authorized Signer

Name				Title	
Address		Apt/Box	City		State Zip
Social Security Number	Home Telephone	Business Telephone	E-Mail Address		Birth Date
Eligibility	Driver's License Number/State/Issue Date/Exp. Date		Employer	Mobile Phone	
Occupancy Status Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____					Time At Residence

Business Owner/Signer 3 Information Owner Officer Partner Member Authorized Signer

Name				Title	
Address		Apt/Box	City		State Zip
Social Security Number	Home Telephone	Business Telephone	E-Mail Address		Birth Date
Eligibility	Driver's License Number/State/Issue Date/Exp. Date		Employer	Mobile Phone	
Occupancy Status Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____					Time At Residence

Business Owner/Signer 4 Information Owner Officer Partner Member Authorized Signer

Name				Title	
Address		Apt/Box	City		State
Social Security Number		Home Telephone	Business Telephone	E-Mail Address	
Eligibility		Driver's License Number/State/Issue Date/Exp. Date		Employer	Mobile Phone
Occupancy Status Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____					Time At Residence

VISA Debit Card/Automated Phone Banking/Connect24

You are requesting the convenience of 24-hour access to Your Credit Union Account with VISA Debit Card, Automated Phone Banking and/or Connect24 in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

You would like: VISA Debit Card Automated Phone Banking Connect24

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Request to Receive Electronic Documentation (Including eStatements)

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify that: (1) the number shown on this form is Your correct taxpayer identification number; (2) You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

If You are a foreign person and not a U.S. resident alien, You must complete W-8BEN

Authorized Signers

Unless We receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this application and transact any other business related to such Accounts now or in the future. Capital Communications Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name	Title
_____	_____
Signature: _____	_____
_____	_____
Signature: _____	_____
_____	_____
Signature: _____	_____
_____	_____
Signature: _____	_____

Signatures

You hereby apply for membership with Capital Communications Federal Credit Union. You warrant that You are authorized to apply for such membership and establish such Account(s), and You further warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Capital Communications Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a business Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition or deletion of Authorized Signer(s) of Your Account(s). Your signature below is Your continuing authorization for Capital Communications Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Business Owner/Officer #1 Signature	Date	Business Owner/Officer #2 Signature	Date
_____	_____	_____	_____
Business Owner/Officer #3 Signature	Date	Business Owner/Officer #4 Signature	Date
_____	_____	_____	_____

ACKNOWLEDGMENT(S)

State of New York, County of _____ ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) executed the instrument.

(signature and office of individual taking acknowledgment)

State of New York, County of _____ ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) executed the instrument.

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(signature and office of individual taking acknowledgment)

Credit Union Use Only

Date of Membership _____ Opened & Approved by _____

_____ ID Scanned _____ OFAC _____ PREAPP _____ Chex System

_____ Credit Report _____ PIN# _____ Checks Ordered _____ Business Documents Received & Copied

Audited By _____ QC