



## Membership Application & Account Agreement Business Accounts Only

A) MEMBER INFORMATION		
Business/Member Information:		Account Number:
Physical Address:	City, State, Zip:	Social Security Number or TIN:
Mailing Address (If different from above):	City, State, Zip:	Business Phone #:
Primary Contact:	Primary Contact E-Mail:	
Membership Eligibility:	Purpose/Type of Business:	
<b>Check appropriate box for federal tax classification (required): See Instructions for Form W-9.</b>		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Company Partnership	<input type="checkbox"/> Other: _____
<p>Does Your Business Sell, Cash or Exchange Checks, Travelers Checks, Stored Value Products (example: Gift Cards, AMEXCO Cash Cards, etc.) in a total amount of more than \$1,000 on any one day? If yes – Please Attach a Sheet Describing Services Offered and Major Customers to Whom you provide these services if any. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <hr/> <p>Does your Business convey funds electronically as a service or on behalf of others? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <hr/> <p>Does your Business place, receive or otherwise knowingly transmit any bets or wagers by any means? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <hr/> <p>If yes – does such activity by your company involve in any way the use of the Internet? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>		
B) ACCOUNT(S) REQUESTED: Select Accounts using the boxes below.		
<input type="checkbox"/> Primary Share Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Other: _____
C) AUTHORIZED SIGNERS INFORMATION: From Resolution or Other Documents Acceptable to the Credit Union		
Name/Title:	Phone #:	Social Security Number:
Physical Address:	City, State, Zip:	Date of Birth:
Name/Title:	Phone #:	Social Security Number:
Physical Address:	City, State, Zip:	Date of Birth:
Name/Title:	Phone #:	Social Security Number:
Physical Address:	City, State, Zip:	Date of Birth:
D) ACCOUNT SERVICES: (Select the services requested with regard to the account(s) selected above. NOTE: Some services are not available for certain accounts.)		
<input type="checkbox"/> VISA® Debit Card Card for:	<input type="checkbox"/> Trademark Audio Select a PIN# <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> Trademark Online
*See Reverse for Important Tax Information and Signature Lines*		

**Augusta Branch**  
44 Edison Drive  
Augusta, ME 04332  
(207) 623-1134 or 1-800-696-1146

www.trademarkfcu.org  
TDD: (207) 512-3809 · (800) 918-6400

**Scarborough Branch**  
145 Pleasant Hill Road  
Scarborough, ME 04074  
(207) 883-3630 or 1-800-852-1012



# Membership Application & Account Agreement Business Accounts Only (Continued)

## F) SIGNATURES & TAX INFORMATION

I hereby make application for membership in the TRADEMARK FEDERAL CREDIT UNION and agree to conform to its laws and amendments thereof and subscribe for at least one share. I acknowledge and agree to the terms in the Membership Agreement and Disclosure, Truth in Savings disclosure, Rate and Fee Schedules and all other applicable disclosures. TRADEMARK FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. I understand and agree that the USA PATRIOT Act 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.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signer Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signer Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signer Signature

### IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding. Backup withholding is different from the 10 percent withholding of interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 30 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

**Before you can join the Credit Union, you must complete the Tax Identification Number Certification below. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause two (2) of the Tax Identification Number Certification below.**

### TAX IDENTIFICATION NUMBER CERTIFICATION

**Under penalties of perjury, I certify:** (1) That the number shown on the membership application is my correct taxpayer identification number, and (2) That I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) I am either a U.S. citizen or a U.S. resident alien.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature

### Office Use Only:

MSR Initials: \_\_\_\_\_ Verification Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Comments: \_\_\_\_\_

Authentication Method: \_\_\_\_\_

Previous Name: \_\_\_\_\_

New	<input type="checkbox"/>
Add/Remove Joint	<input type="checkbox"/>
Add/Remove POD	<input type="checkbox"/>
Name Change	<input type="checkbox"/>