

# Everence Federal Credit Union Business Account Application



Member number *(assigned by credit union)* \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this application and initial deposit to your local branch or mail it to Everence Federal Credit Union, 2160 Lincoln Highway E., Ste. 20, Lancaster, PA 17602. If mailing the application, please include a copy of your valid photo ID.

## 1. Business information

Business name \_\_\_\_\_

Nature of business \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Mailing address *(if different from above)* \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Tax ID or EIN number \_\_\_\_\_ Membership eligibility \_\_\_\_\_

Form of organization *(check one)*:

doing business as (DBA)

*(provide individual information below)*

sole proprietorship

*(provide fictitious name registration)*

limited liability company

*(provide operating agreement)*

nonprofit corporation

*(provide articles & certificate of incorporation)*

church or congregation

corporation

*(provide articles & certificate of incorporation)*

partnership

*(provide partnership agreement)*

unincorporated association

*(provide bylaws or organizational documents)*

## 2. Accounts and services

**Primary savings:** Membership in Everence requires a minimum deposit of \$5 into a primary savings. This money is yours, but \$5 must remain in the account as long as you are a member. **Send your initial deposit with this application.**

**Other accounts and services:** Indicate which accounts you wish to open with this application.

business checking

Debit / ATM card<sup>1</sup>

lockbox services

certificate

MyNeighbor credit card<sup>1</sup>

ACH services

money market

employee health savings account<sup>1</sup>

insurance services

SEP IRA<sup>1</sup>

merchant services

investment services

<sup>1</sup>Additional applications are required and given when indicated.

## 3. Specimen signatures for authorized signers

### Authorized signer #1

Authorized signature \_\_\_\_\_

Print or type name \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State ZIP

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

**Authorized signer #2**

_____		_____		
Authorized signature		Print or type name		
_____				
Home address				
Street		City	State	ZIP
_____		_____		
Date of birth		Social Security number		

**Authorized signer #3**

_____		_____		
Authorized signature		Print or type name		
_____				
Home address				
Street		City	State	ZIP
_____		_____		
Date of birth		Social Security number		

**Authorized signer #4**

_____		_____		
Authorized signature		Print or type name		
_____				
Home address				
Street		City	State	ZIP
_____		_____		
Date of birth		Social Security number		

1. RESOLVED, that the funds of the Organization are hereby authorized to be paid into the account(s) identified on all signature cards delivered to Everence Federal Credit Union by the Organization, and Everence is hereby authorized to pay withdrawals signed in the name of the Organization by any person whose signature appears above ("signatories").
2. The specimens of signatures section identifies those authorized to transact business and to act in connection of the organization on behalf of the Everence Federal Credit Union account(s) indicated above. You agree that any Authorized Signer may act individually to transact business on any of the owner's accounts with us and may receive from us, either orally or in writing, any information related to the account. You expressly waive any requirement that any two or more signers are required before a transaction is authorized.
3. Everence further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Organization which shall be executed in the name of the Organization by any of the signatories.
4. Everence is authorized to supply any endorsement for the Organization and any signatory on any check or other instrument tendered for said account(s), and Everence is hereby relieved of any liability in connection with the collection of such items which are handled by Everence without negligence. We have no duty to inquire as to the powers and duties of any authorized signer and shall have no notice of any breach of any duty unless we have received actual notice of that breach.
5. Everence shall not be liable for the acts of its agents, subagents, or others or for any casualty. Withdrawals may not be made on account of such items until collected, and any amount not collected may be charged back to the account(s), including expenses incurred, and any other outside expenses relative to the account(s) may be charged to the Organization.
6. You also agree to provide us with a true copy of the corporate resolution, board minutes, partnership agreement, organization management agreement, articles of association, or other evidence that you are authorized to enter into this agreement on behalf of the owner and that the signers listed above are authorized to transact business on the owner's behalf.
7. All the above are in effect until Everence receives written notice from a member of the authorization of others to sign for the member together with specimen signatures of such person or persons.

I certify that I am the duly elected, qualified, and acting Secretary or Managing Member – as the case may be of the above-named Organization – and that the foregoing is a true and correct copy of a resolution adopted by the Organization at a regular or duly called special meeting at which a quorum was present, and that said resolution is recorded in its minutes, and that Organization is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).

X \_\_\_\_\_ [corporate seal]:  
 Secretary or managing member Date

## 4. Member service questionnaire – business account

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To help us serve you better and understand the types of transactions you anticipate for your credit union account, we are requesting that you answer the following questions. We appreciate you taking the time to answer these questions.

Citizenship *(Check one)*

U.S. citizen     Resident alien     Nonresident alien

If non-U.S. citizen, country of citizenship \_\_\_\_\_

Will you be using our wire services regularly? *(Check all that apply)*

Domestic wires more than 5 times a month     International wires more than 5 times a month

How will you be primarily funding your account? *(Check only one option)*

Payroll     Wires     ATM deposits     Cash     Checks     Electronic deposits

Will you have any large cash needs over \$5,000 on a regular basis? *(Check one)*

Yes     No

How many times a month do you anticipate you will be using the ATM? *(Check one)*

Less than 25 times per month     More than 25 times per month

How many checks do you anticipate writing each month? *(Check one)*

0-50     51-100     More than 100

Will you be purchasing money orders more than 5 times a month? *(Check one)*

Yes     No

Is this a money service business or does any person do business in one or more of the following capacities? *(Check all that apply)*

Currency dealer or exchanger     Check casher     Issuer of traveler's checks, money orders or stored value  
 Seller or redeemer of traveler's checks, money orders or stored value     Money transmitter  
 Chartering or operating ships, busses or aircraft     Gaming of any kind     Pawn brokerage  
 Processing internet gambling transactions     International business

Number of years in business

N/A     0-5     5-10     More than 10

Organization structure *(Choose only one)*

N/A     Sole proprietor     Officers with regular meetings     Independent board of directors  
 Steering committee     Other (Explain) \_\_\_\_\_

If nonprofit, where does the major source of funding come from? *(Choose only one)*

N/A     Local donations     Statewide donations     National donations  
 International donations     Grants     Other (Explain) \_\_\_\_\_

**For staff use only**

Date of membership \_\_\_\_\_ Opened by \_\_\_\_\_

Identity verification form (copy attached)

Member service questionnaire

**Everence Federal Credit Union**

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Lancaster, PA 17602-1150  
everence.com

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