



Business Application

3418 MacCorkle Ave SE, Charleston, WV 25304

Phone: (304) 721-4145 Fax: (304) 342-3147

ElementFCU.org

All About My Business

Business Name: _____ FEIN#: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternate 1: _____ Alternate 2: _____

Type of Business: _____ # of Employees: _____

Type of Entity: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Non-Profit ☐ Other _____

This is a: ☐ New application ☐ Modification to existing application ☐ Change in authorized signers

I Want These Accounts AND These Services

- | | |
|---|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Direct Deposit for my employees |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Business Debit Card |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Business Credit Card |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Enrollment in Online Banking/eStatements |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Merchant Services (accept credit/debit payments, payroll processing) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

These Persons are Authorized Signers/Users

Name 1: _____ Name 2: _____

Name 3: _____ Name 4: _____

TIN Certification and Backup Withholding and Authorization

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number;
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US person (including a US resident alien).

By signing below, I/we agree to the terms and conditions of the Business Account Agreement, Truth-in-Savings Rate and Fee Schedule, LoanLiner Open End Plan Signature Plus Credit and Security Agreement, Funds Availability Policy Disclosure, if applicable, and to any amendment Element FCU makes from time to time which are incorporated herein. I/we certify the information provided on this application is/are true and correct. The authorization made will apply to all the types of business accounts listed above. Each signer understand and agrees that Element Federal Credit Union may verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the individuals.

Required Signatures: **Corporation:** the person(s) named in the Resolution **Sole Proprietorship:** the owner **Partnership:** all partners
LLC: owners, managers and managing members **Non-Profit:** directors or managers

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Address: _____

Address: _____

SS#: _____ State ID#: _____

SS#: _____ State ID#: _____

X _____
Signature

X _____
Signature

Application continues on next page



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Owners, Partners and Authorized Signers (continued)

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Address: _____

Address: _____

SS#: _____ State ID#: _____

SS#: _____ State ID#: _____

X _____
Signature

X _____
Signature

Any Additional Stuff We Need to Know?

This Part is for Element FCU Use Only

Member Account #: _____ Checking Account #: _____

Account opened by: _____

Eligibility For Membership: _____

If family member, name of current member: _____

Referred to Element FCU by: ☐ Employer ☐ Family ☐ Current CU member ☐ Advertisement ☐ Drive By ☐ Other _____

Referred by credit union member (name): _____