

Business/Organization Member Service Agreement Part 1



Ticonderoga
FEDERAL CREDIT UNION

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Ticonderoga, NY 12883
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INFORMATION about the BUSINESS or ORGANIZATION

1

Name of Business or Organization _____ Phone Number(s) _____ NAICS Code _____

Address _____ City _____ State _____ ZIP _____ Taxpayer ID Number _____ E-mail _____

Mailing Address (if different from Address) _____ City _____ State _____ ZIP _____ Type of Business/Org. _____ Registration/License No. _____ Company Password _____

ACCOUNT(S) Savings Checking _____ _____ _____ _____ _____ _____ **2**

SERVICE(S) Debit Card Audio Response Online Banking Overdraft Protection Courtesy Pay **3**

REPRESENTATIVE(S) INFORMATION (A representative can start, conduct transactions on, maintain, change, add and terminate an account, product or service for the business or org.)

4

Representative 1 Name _____ Title _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

ID Type _____ Identification - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Occupation/Profession _____ Mother's Maiden Name _____

Representative 2 Name _____ Title _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

ID Type _____ Identification - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Occupation/Profession _____ Mother's Maiden Name _____

Representative 3 Name _____ Title _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

ID Type _____ Identification - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Occupation/Profession _____ Mother's Maiden Name _____

TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
 I am subject to backup withholding Exempt (Exempt Payee Code _____) I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT: The business or organization is or applies to be a member of Ticonderoga Federal Credit Union ("we", "us" & "our") according to our Business Member Service Agreement (the BMSA Parts 1 & 2). The business or organization and authorized person(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 (the terms) of this BMSA, which includes the Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee disclosures. Part 2 has been emailed to Representative 1's address if requested. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand this BMSA governs your membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on this BMSA and have no obligation to rely on any other documents. We may change the BMSA, and you may make changes and additions to your Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of this BMSA from us during business hours and Part 2 from our website your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.
1. Authority of an Authorized Person of the Account Owner. You agree that each authorized person (a "representative") named in Part 1 of this BMSA is authorized to act on behalf of you for your accounts, products and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of this BMSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for your membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the business or organization is the owner of the account(s), product(s) and service(s), and that the name provided is the complete and correct name of the owner of the account(s), product(s) and service(s). Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.
2. Certificate of Authority & Liability. You understand and agree that the authority given to an authorized person named on Part 1 and addressed in Part 2 of this BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business or organization that affects this BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business, and agree to notify us before engaging in any such business in future. You and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to this BMSA. *The IRS does not require your consent to any provision of this BMSA other than the certification required to avoid backup withholding (in Section 6 above).*

Representative 1 Signature _____ Representative 2 Signature _____ Representative 3 Signature _____

I agree to be removed as a Representative
State of _____ in the county of _____. Notary _____
This Agreement was signed before me on _____ Commission Expires _____
by _____
Name(s) of Representative(s)

OFFICE USE ONLY
CU Employee Name _____ ID Number _____ Page 1 of 2 _____
 OIC|AIT _____ Date _____