



Business Account Application

psecu.com
800.237.7328 nationwide
234.8484 Harrisburg

- Individuals, partners and owners of a business must currently have or open a personal membership account (other than as a joint owner) before opening a business account. (Visit psecu.com if you need to apply for individual membership.)
- Send this completed application and the appropriate documentation related to your entity type listed on the "Required Documents Checklist" on reverse with a check or money order payable to PSECU for a minimum of \$6 (\$1 is a non-refundable entrance fee and \$5 is the minimum required balance for your Business Regular Shares) to: **PSECU, Attention Business Services, P.O. Box 67013, Harrisburg, PA, 17106-7013**. If you enclose additional funds, please indicate below how you wish them to be distributed.

1. Business Identification

Business Name: _____ Federal Tax ID# (if a sole proprietorship, this may be your SSN): _____

Entity Type: Sole Proprietor General Partnership Limited Partnership LLC Corporation

Business Street Address: _____ City: _____ State: _____ Zip: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Business E-mail Address: _____

Business Web site (if applicable): _____

2. Business Background/Activity Information

Please describe your business: _____

What is your AVERAGE sale amount? \$ _____ What is your AVERAGE deposit amount? \$ _____

How often do you make deposits? DAILY WEEKLY MONTHLY

Will you be wiring funds? YES NO If yes, how often DAILY WEEKLY MONTHLY

3. Services Requested

- Business Savings (Regular Shares)** This account is required to maintain membership. This is where \$5 of your initial deposit will automatically be held. Additional funds enclosed \$ _____
- Business Money Market** YES, I want a Business Money Market Account. Additional funds enclosed \$ _____
- Business Checking** YES, I want a Business Checking Account. Additional funds enclosed \$ _____
- Free Online Account Access (psecu@home®)** Yes, I want psecu@home®. Please select a password below.

The following services are available in psecu@home. Checking the box does not automatically enroll you in these services. You will need to first agree to service disclosures. The content of the disclosures is available at psecu.com/disclosures. **Agreement to these disclosures can be done only through psecu@home.**

- e-Statements** If you select this service, you will NOT receive paper Statements. Notification of e-Statement availability is sent by e-mail. We must have a valid e-mail address for you.
- Business Bill Payer** (Charges apply for this service. See fee schedule for additional information.)
- Business UPost@Home®** Before you may use this service, you must have the PSECU Visa® Business Credit Card or the PSECU Business Check Card, and be approved. PSECU will set a deposit limit based upon a review of your account and/or business.

Share Certificate (minimum \$500) Additional funds enclosed \$ _____
Terms in months 3 6 9 12 18 24 36 48 60

Business Check Card YES, I want a Business Check Card(s). You may have up to four (4) total Check Cards on your business checking account. The first two (2) are FREE. Charges apply for additional cards. See fee schedule for additional information.

NOTE: If this (these) person(s) will be (an) authorized cardholder(s) and is (are) not the owner(s), I/we authorize him/her/them to use the card and I/we accept full responsibility for all charges and/or cash advances just as though I/we made them. If you designate (an) authorized cardholder(s) he/she/they may not order replacement cards or obtain account information. You will receive agreement and disclosure materials specific to this product after your application is processed.

Please issue card(s) in the name(s) listed below. Check Card(s) will be shipped to the business mailing address listed above.

First Name _____ Last Name _____ Check Card PIN _____

The Business Name will automatically appear on line 2 of your Check Card.

Social Security # _____ Date of Birth _____

First Name _____ Last Name _____ Check Card PIN _____

The Business Name will automatically appear on line 2 of your Check Card.

Social Security # _____ Date of Birth _____

First Name _____ Last Name _____ Check Card PIN _____

The Business Name will automatically appear on line 2 of your Check Card.

Social Security # _____ Date of Birth _____

First Name _____ Last Name _____ Check Card PIN _____

The Business Name will automatically appear on line 2 of your Check Card.

Social Security # _____ Date of Birth _____

4. PSECU Account PIN and psecu@home Password

Select an account PIN and password that is not easily identified with you. Please do not use all zeros as your PIN. PSECU does not keep your PIN on file. Keep a copy for your records. Your psecu@home password must be between 7 and 10 letters/numbers. (One password per account).

PSECU Account PIN _____

psecu@home password _____

5. Required Documents Checklist Find your entity type and be sure to include copies of all required items relative to your entity type with your business application to avoid any delays in opening your business account.

1) Sole Proprietorship:

- I've enclosed a \$6 Check Money Order
- Filed Fictitious Name Certificate** - A fictitious name is a name, style or designation other than the proper name of the person or entity using such name. Any entity or entities (including individuals, corporations, partnerships or other groups) which conduct(s) business in Pennsylvania under an assumed name or "fictitious" name, shall register that name by filing an application for registration of fictitious name with the Pennsylvania Corporation Bureau. Forms can be found at www.dos.state.pa.us to register your fictitious name.
- Affidavit of Sole Proprietorship** - Complete this form to confirm your Sole Proprietorship status. Please have notarized.
- Tax ID assignment verification** from the IRS or a photocopy of your Social Security card.*
- Limited Power of Attorney to Act for Sole Proprietor** - Complete this form if you are a Sole Proprietor and wish to grant access to your account(s) to a third party. Please have notarized.
- State or federally issued photo I.D. for Sole Proprietor and all agents** (i.e. Driver's License, Passport, etc.) A photocopy is acceptable.

2) General Partnership:

- I've enclosed a \$6 Check Money Order
- Filed Fictitious Name Certificate** - A fictitious name is a name, style or designation other than the proper name of the person or entity using such name. Any entity or entities (including individuals, corporations, partnerships or other groups) which conduct(s) business in Pennsylvania under an assumed name or "fictitious" name, shall register that name by filing an application for registration of fictitious name with the Pennsylvania Corporation Bureau. Forms can be found at www.dos.state.pa.us to register your fictitious name.
- Tax ID assignment verification** from the IRS*
- Partnership Agreement** - This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- Partnership Resolution of Authority** - Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners. Complete appropriately for general or limited partnerships. This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- State or federally issued photo I.D. for all partners and authorized signers.** (i.e. Driver's License, Passport, etc.)

3) Limited Partnership:

- I've enclosed a \$6 Check Money Order
- Certificate of Limited Partnership** - This document verifies the official filing of a Limited Partnership. This entity type may require a formal partnership agreement differentiating general partner(s) from limited partner(s).
- Filed Fictitious Name Certificate** - A fictitious name is a name, style or designation other than the proper name of the person or entity using such name. Any entity or entities (including individuals, corporations, partnerships or other groups) which conduct(s) business in Pennsylvania under an assumed name or "fictitious" name, shall register that name by filing an application for registration of fictitious name with the Pennsylvania Corporation Bureau. Forms can be found at www.dos.state.pa.us to register your fictitious name.
- Partnership Agreement** - This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- Partnership Resolution of Authority** - Complete this form if you are a partnership to verify your partnership status and to list partners and to designate specific powers granted to some or all of the partners. Complete appropriately for general or limited partnerships. This document represents the terms and conditions in which the partnership operates. It is highly recommended that a formal

Limited Partnership cont'd...

- partnership agreement be completed since this document will describe the rights and responsibilities of all partners as well as their share of any profits.
- Tax ID assignment verification** from the IRS*
- State or federally issued photo I.D. for all partners and authorized signers** (i.e. Driver's License, Passport, etc.)

4) Limited Liability Company:

- I've enclosed a \$6 Check Money Order
- Certificate of Limited Liability Company** - This document verifies the official filing of a **Limited Liability Company**. This entity type may require a formal agreement differentiating general member(s) from limited liability company member(s). Any PA LLC must file the certificate with the Pennsylvania Corporation Bureau to begin existence. Not a PA business? Please check with your state's Corporation Bureau for required documents.
- Operating Agreement** - This document is an agreement, similar to a corporation's bylaws, among an LLC's members which govern the LLC's operations and the rights of its members.
- Tax ID assignment verification** from the IRS
- Limited Liability Company Authorization Resolution** - Complete if you are a Limited Liability Company (LLC) to verify your Limited Liability Company status and to designate who can act on behalf of the LLC and in what capacity.
- State or federally issued photo I.D. for all owners and authorized signers** (i.e. Driver's License, Passport, etc.)

5) Corporation:

- I've enclosed a \$6 Check Money Order
- Articles of Incorporation** - This document is a primary legal document of a corporation that serves as the corporation's constitution. The contents are prescribed in the general incorporation statutes, and commonly include the corporation's name, period of existence, purpose and power, authorized number of shares, classes of stock, and other conditions of operation. After approving the articles, the state then issues a Certificate of Incorporation. The two documents then become the Charter of Incorporation.
- Corporation Authorization Resolution** - Complete this form to verify your corporation status and to confirm that the corporation wishes to establish a depository relationship with PSECU. This form will also inform PSECU who can act on behalf of the Corporation and in what capacity. Please apply corporate seal where designated.
- Tax ID assignment verification** from the IRS*
- State or federally issued photo I.D. for all owners and authorized signers** (i.e. Driver's License, Passport, etc.)
- Bylaws (for non-profit corporations)** These are rules that explain the governing and operation of a corporation. These are usually drawn up immediately after incorporation. They contain procedures for holding meetings, appointments, elections and other management matters. At the initial meeting of the corporation the bylaws are adopted. These rules are not filed with any state agency.

Not a PA business? Please check with your state's Corporation Bureau or office of the Secretary of your state for required documents.

***Tax ID Assignment Verification from the IRS – (NOT YOUR SALES TAX FORM)** This is also known as your Employer Identification Number (EIN). This is a nine-digit number assigned by the IRS to identify tax accounts of Sole Proprietors, Corporations, Partnerships, LLC's, and other entities. You must have a Tax ID (EIN) if you: a) Have a Keogh Plan; b) Operate as a Corporation or a Partnership; c) Pay wages to one or more employees including household employees.

6. Signatures

I/We apply for a Business Account(s) with PSECU and agree to the conditions stated in the Agreements & Disclosures, the bylaws, rules and regulations of PSECU which will be provided to me as required by law. I/We apply for and agree to the stated terms for each service requested on this application. From time to time, PSECU will announce additional services. My/Our use of these services will indicate my/our acceptance of the terms and conditions presented as they are announced. I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me/us or my/our affairs and all joint owners upon request of this credit union. I/We understand that I/we (business owners) have the right to request in writing, the nature and scope of the credit union's investigation. Any negative balance created in this account shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. Repayment of this amount will be the personal obligation of all business partners, or any of them, jointly and severally at the sole discretion of PSECU. I/We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to State Chartered Credit Unions insured by the National Credit Union Administration. I/We understand that PSECU will rely on all the information in this membership application to ensure membership eligibility. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at PSECU's discretion. You further agree, should illegal use occur, to waive any right to sue PSECU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold PSECU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

Name (print) _____ Business Title _____
I certify that I am a U.S. Citizen Permanent Resident Alien Non-Permanent Resident
Current Address _____ City _____ State _____ Zip _____
Social Security # _____ Date of Birth _____ Home Phone (____) _____
Driver's License # _____ State _____ Expiration Date _____ Work Phone (____) _____
PSECU Personal Membership # _____
Signature _____ Today's Date _____ E-mail _____

Name (print) _____ Business Title _____
I certify that I am a U.S. Citizen Permanent Resident Alien Non-Permanent Resident
Current Address _____ City _____ State _____ Zip _____
Social Security # _____ Date of Birth _____ Home Phone (____) _____
Driver's License # _____ State _____ Expiration Date _____ Work Phone (____) _____
PSECU Personal Membership # _____
Signature _____ Today's Date _____ E-mail _____

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Current Address _____ City _____ State _____ Zip _____
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Driver's License # _____ State _____ Expiration Date _____ Work Phone (____) _____
PSECU Personal Membership # _____
Signature _____ Today's Date _____ E-mail _____

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Current Address _____ City _____ State _____ Zip _____
Social Security # _____ Date of Birth _____ Home Phone (____) _____
Driver's License # _____ State _____ Expiration Date _____ Work Phone (____) _____
PSECU Personal Membership # _____
Signature _____ Today's Date _____ E-mail _____

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I certify that I am a U.S. Citizen Permanent Resident Alien Non-Permanent Resident
Current Address _____ City _____ State _____ Zip _____
Social Security # _____ Date of Birth _____ Home Phone (____) _____
Driver's License # _____ State _____ Expiration Date _____ Work Phone (____) _____
PSECU Personal Membership # _____
Signature _____ Today's Date _____ E-mail _____

Read the W-9 information and Patriot Act Notice. Follow all instructions that apply.

**W-9 FORM - INTERNAL REVENUE SERVICE
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, by the signature(s) above, I/we certify that: (1) The number shown on this form is the account owner's correct taxpayer identification number, (2) The account owner is not subject to backup withholding because: It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a failure to report all interest dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding, and (3) the account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien).

Instructions: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

**U.S.A. Patriot Act
Identity Verification Notice**

Important information about procedures for opening a new account.

To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions, including PSECU, 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 for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by **PSECU** will be continued as required under the **Gramm-Leach-Bliley Privacy Act** and **PSECU's Privacy Policy**.