

BELCO Community Credit Union Club/Recreational Account Application

Eligibility: A Belco member who is an Officer or Representative of the Club must establish the account. If the Club does not have a Tax ID # (EIN), the account may not be opened in the Club name. It may, however, be established in the name of the individual, using the individual's SS#. The Club and all Authorized Signatories agree to abide by the bylaws and any amendments thereto of Belco Community Credit Union.

New Belco Account Changes to Existing Belco Account Eligibility: Existing Belco Member Acct. # _____

Tax ID:		Account #:	
Club Name:			
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

Note: Applicant/Member and all Authorized Signatories acknowledge that in accordance with Section 326 of the US Patriots Act all persons are subject to the identity verification requirements even though they may be long-term members of and well known to the credit union. If you request to open an account or become a signatory on an account with Belco Community Credit Union and we have not previously verified your identity under the new regulatory requirements, the credit union will request documentary verification of your identity, such as driver's license or passport and/or we will verify your identity through other non-documentary methods. Similar identification requirements apply to business entities such as corporations, limited liability companies and partnerships. In all cases, protection of our member's identity and confidentiality is Belco Community Credit Union's pledge to you. A copy of identity verification will be kept on file. A copy of identity verification will be kept on file.

(1) Applicant and all Authorized Signatories on accounts of Applicant maintained at Credit Union understand that all accounts and services applied for may be subject to approval. Applicant and Authorized Signatories authorize the Credit Union to verify any information provided on this application, to inquire of references and account relationships, to obtain business and consumer reports from credit reporting agencies on Applicant and Authorized Signatories, and to acquire information concerning performance under account relationships with third parties. Applicant and Authorized Signatories authorize any person, association, firm or corporation to furnish, on request of this Credit Union, information concerning our affairs. Each party who signs this document authorizes the Credit Union to accept a facsimile copy of this document and agrees that each party's signature thereon shall have legal force and effect as that party's original signature. Each signer agrees to accept any risk associated with Belco Community Credit Union's acceptance of a facsimile signature.

<input type="checkbox"/> Check here to receive our Checking Account Service Complete information as you would like it to appear on your checks _____ _____ _____ _____	Overdraft Protection (check one) <input type="checkbox"/> Regular Savings Only (only 3 OD permitted/month) <input type="checkbox"/> Line of Credit Only* (unlimited OD permitted/month) <input type="checkbox"/> Regular Savings first (3 OD/mo), then Line of Credit* (unlimited OD) <input type="checkbox"/> Line of Credit first (unlimited OD), then Regular Savings* (3 OD/mo) *You must have a Line of Credit to select this option OD from Line of Credit must be within the established credit line
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This section is required for all accounts – please complete: This PIN is used for all automated services such as Belle and Belco@net, which provides you with secured account access and information. **Note:** Do not use 0000, Q or Z as part of your PIN.
 Enter Numerical PIN (personal identification number) _____

Note: All signatories will have access to Belle and belco@net. We recommend that you do not use your phone number or last 4 digits of your social security number as your PIN.

Plastic Card Services (check one): VISA® Check Card (you must have a checking account for this card) or ATM Card
Please Answer: Do you wish to allow all signatories account access by the use of an ATM card or Checkcard? Yes No (Each Signatory must select and enter a PIN number below. We recommend that you do not use your phone number or last 4 digits of your social security number as your PIN.) **Note:** All account holders will be issued the same type of card as selected above.

(2) You Have Received And Read The Agreement For Each Service You Have Applied For. By signing below, you agree to be bound by the terms of the agreement for each service checked on this application.

(3) Specimens of the signatures of those authorized ("Authorized Signatories") to make withdrawals from the account(s) and to act in conjunction therewith are indicated below, and Credit Union is authorized to act upon the request of Member bearing any of such signatures, including, but without limiting the generality of the foregoing, the pledging of the account(s) in whole or in part as security for any loan made by Credit Union to Member, until Credit Union receives written notice from the Member of the authorization of others to sign for Member, together with specimen signatures of such person or persons. Credit Union is authorized to supply any endorsement for the member on any check or other instrument tendered for the account(s) and Credit Union is hereby relieved of any liability in connection with collection of such items which it handles for Member without negligence, and Credit Union shall not be liable for the acts of its agents, subagents, or others for any casualty. Withdrawals shall not be made on account of any such items until collected, and any amounts not collected may be charged back to the account(s), including expenses incurred, and any other outside expenses incurred relative to the accounts may be charged to Member.

(4) Applicant/Member certifies, under penalty of perjury, that the number shown on this application is its correct tax identification number and that Applicant/Member is not subject to back-up withholding under the provisions of the Internal Revenue Service Code.

RESOLVED, that the funds of Club are hereby authorized to be paid into the account(s) on all Signature Cards delivered to Belco Community Credit Union ("Credit Union") by Club, and Credit Union is hereby authorized to pay withdrawals signed in the name of the Club by any person whose signature appears below ("signatories"). Credit Union is authorized to supply any endorsement for Club and any signatory on any check or other instrument tendered for said account(s) and it is hereby relieved of any liability in connection with the collection of such items which are handled by Credit Union without negligence, and it shall not be liable for the actions 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 said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to Club. The authorized signatories are:

Signatory Name / Last	First	MI	SSN	Date of Birth
Street Address	City		State/Zip	County
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

Signature of Signatory: _____ PIN _____

Signatory Name / Last	First	MI	SSN	Date of Birth
Street Address	City		State/Zip	County
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

Signature of Signatory: _____ PIN _____

Signatory Name / Last	First	MI	SSN	Date of Birth
Street Address	City		State/Zip	County
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

Signature of Signatory: _____ PIN _____

Secretary or Managing Member Signature
Printed Name: _____

FOR OFFICE USE ONLY: Plastics Ordered Checks Ordered Belle @net O/D Protection OFAC Attached for each Signatory OFAC Attached for Club
 Primary and Joint Vote Codes flagged as NO Driver's License Copy attached for each signatory Printed E Funds Report Attached for each Signatory
 S4 Qualifier Certified Resolution Attached PIN numbers cut off Share Classes Updated IRS Box checked Flagged as **Organization**
 Comments on account if no plastics are to be issued to Signatories E Funds Adverse Action sent for denied services (if applicable)

Approval Comments (if any): _____
 Opened By: _____ Branch # _____ Verified By: _____ Date Opened on System: _____ Rev 08/09