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**BUSINESS MEMBERSHIP
APPLICATION**

BUSINESS INFORMATION			
Business Name		Account No.	
Street			
City/State/Zip		TIN	
Phone	Cell Phone	Password	OFAC Checked? <input type="checkbox"/>
State of Organization	Date Established	Email Address	

TYPE OF BUSINESS OR ORGANIZATION				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Organization
<p>Sole Proprietorship: Attach business license and fictitious business name statement, if any. Corporation: Attach Articles of Incorporation, fictitious business name statement (if any), Domestic Stock Statement, and corporate resolution authorizing establishment of financial institution accounts. Limited Liability Company: Attach Articles of Organization and fictitious business name statement, if any. General Partnership (including joint ventures): Attach business license and fictitious business name statement, if any. Organization: Attach Resolution of Lodge, Association, or other Similar Organization, if any.</p>				

ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Business Savings	Other:
<input type="checkbox"/> Business Checking	
<input type="checkbox"/> Business Certificate	

ACCOUNT SERVICES	
<input type="checkbox"/> Bill Payment:	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Debit Card:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority):
<input type="checkbox"/> Online Banking:	

AUTHORIZED SIGNERS			
Name 1	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone	Cell Phone	Password	OFAC Checked? <input type="checkbox"/>
Work Phone		E-mail	
Name 2	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone	Cell Phone	Password	OFAC Checked? <input type="checkbox"/>
Work Phone		E-mail	

Name 3	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone	Cell Phone	OFAC Checked? <input type="checkbox"/>	
Work Phone		E-mail	
Name 4	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Home Phone	Cell Phone	OFAC Checked? <input type="checkbox"/>	
Work Phone		E-mail	

NUMBER OF SIGNATURES REQUIRED FOR WITHDRAWAL: _____

USA PATRIOT ACT

In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.

What This Means To Our Members

When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (for individuals) and other information that will allow Diamond Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened.

CERTIFICATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- The number shown on this form is the correct taxpayer identification number for this account owner, (or the account owner is waiting for a number to be issued), and**
- The account owner is not subject to backup withholding because: (a) 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 result of a failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding, and**
- The account owner is a U.S. citizen or other U.S. person. For federal tax purposes, the account owner is considered a U.S. person if it is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and**
- The FATCA code(s) entered on this form (if any) indicating that the account owner is exempt from FATCA reporting is correct.**

Certification instructions. You must cross out item 2 above if the account owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete a W-8 if the account owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to comply with this section. Instructions for completing this section will be provided to you upon request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Signature of U.S. person _____ Date _____

AUTHORIZATION

By signing below, you agree to conform to the by-laws of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Privacy Notice, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union may request a credit report to verify your identity. The Credit Union may report information about your account to credit bureaus. By submitting this application, you authorize the Credit Union to verify credit and employment history by any necessary means, including request of a credit report by a credit reporting agency. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership	CU Membership Approved By:	Member ID Verified by:
		<input type="checkbox"/> OFAC
		<input type="checkbox"/> Credit Report