

# Business Member Service Agreement • Part 1



40 West Century Road  
Paramus, NJ 07652  
PH: 201-599-5500  
FX: 201-599-5505  
TF: 888-554-2328  
www.greateralliance.org

## 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.	Account Password	
<b>ACCOUNT(S)</b>	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
<b>SERVICE(S)</b>	<input type="checkbox"/> Debit Card	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Telephone Banking	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> eStatements	3
	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pay Overdrafts for Debit/ATM				

## REPRESENTATIVE(S) INFORMATION (Any person who can open, deposit, withdraw, change, add and close the account(s) and services on behalf of the business or organization)

4

<b>Representative 1 Name</b>	Title	Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name	
<b>Representative 2 Name</b>	Title	Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name	

**SIGNER** or  **INFORMATION USER** (A signer can do transactions on behalf of the business or organization. An information user can only access information)

5

<b>Name 1</b>	Title	Address	City	State	ZIP
Cell Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer	Work Phone	Occupation	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 a member or applies for membership pursuant to Greater Alliance Federal Credit Union's (referred to as "we", "us" & "our") bylaws, policies, and this Business Member Service Agreement (referred to as the BMSA and Parts 1 & 2). The business (or organization) and authorized person(s) (referred to as "you" or "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms and conditions) of this BMSA, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 has been e-mailed to Representative 1's address if available. To provide you with excellent service and for identification purposes, you agree we may review and image your current identification, and obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and has been completed according to your instructions. You understand this BMSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree that we may rely exclusively on this BMSA and have no obligation to rely on any other documents. To benefit all members, you agree we may change this BMSA, and those changes are binding on you. You understand you may call us with questions or obtain a copy of this BMSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to this BMSA.

**1. Authority of an Authorized Person of the Account Owner.** You agree that each authorized person (a "representative", "signer" or "information user") named in Part 1 of this BMSA is authorized to act on behalf of you for your accounts and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, a signer may conduct transactions, and an information user may access information under the business's (or organization's) number, as explained in Part 2 of this BMSA. You affirm that the business (or organization) is the owner of the account, and that the name provided is the complete and correct name of the account owner. Each officer, director, shareholder, partner, principal, 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 written notice of revocation is delivered to and received by us. A representative must notify us of any change to any aspect of the business (or organization) that affects this BMSA before the change occurs, and you agree that we are not liable for any losses due to the failure to notify us of such changes. You and each authorized person agree that we have no notice of any breach of fiduciary duties by any authorized person unless we have actual notice of wrongdoing. Further, 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 the account or business (or organization). To assure consent to and the legibility and accuracy of this Part 1 form, you agree that we may require this 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 availability of a statement, you agree to this BMSA (Parts 1 & 2). *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 \_\_\_\_\_ Signer or Info User Signature \_\_\_\_\_ I agree to be removed from the account(s) \_\_\_\_\_

<b>OFFICE USE ONLY</b>	CU Employee Name _____ ID Number _____ Field of Membership _____	<input type="checkbox"/> Page 1 of 2 _____	8
	<input type="checkbox"/> O R A C _____	Date _____	
	Referred by _____	<input type="checkbox"/>	