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Legal Business Name:		
DBA (Doing Business As):		

Date:						
Account Number:						
Account Type(s) Requested:	□ Business Share Savings □ Business Checking Account: □ Value □ Premier □ Business Money Market					
Electronic Service(s) Requested:	□ <i>VISA</i> [®] Check Card (Checking Required) □ Online Banking/Bill Pay □ ATM Card					

Customer Identification Requirements: Pursuant to federal law, Merrimack Valley Credit Union must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this application must provide his/her name, address, date of birth, and other identifying information. We can ask to see your driver's license or other identifying documents and documents confirming your business's existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.

Authorized Signers: The signature of any person listed below is authorized to open any account, transact business on any account and close any account. We cannot honor multiple signature requirements. A copy of your government issued photo ID is required.

Signature		Signature		
Print Name	Title	Print Name	Title	
Street Address		Street Address		
City State Zip Code		City State Zip Code		
Business and Home Telephone N	Numbers	Business and Home Telephone Numbers		
Birth Date	SSN/TIN	Birth Date S	SSN/TIN	
Government ID #	State	Government ID #	State	
Signature		Signature		
Print Name	Title	Print Name	Title	
Street Address		Street Address		
City State Zip Code		City State Zip Code		
Business and Home Telephone N	Numbers	Business and Home Telephone Numbers		
Birth Date	SSN/TIN	Birth Date S	SSN/TIN	
Government ID #	State	Government ID #	State	
copy of the resolution adopted	am the Secretary of this corporation ed by the Directors of the corporatior nd that these resolutions remain in ef , 20 a te	n or officers of the unincorporated a fect and have not been modified.		
Secretary's Signature		Print Name		
occiciary s orginature	Credit U	nion Use Only		
Date application received	RTN FCU employee receiving	Government Issued Photo ID	eFunds/OFAC: □ Pass □ Fail	
	application	□ Military ID:	Initial Disclosures Provided?	

□ Other:

□ Yes □ No