

MEMBERSHIP NUMBER (CU Use Only)

Complete and sign this application and return with initial deposit to any NJFCU branch or mail to North Jersey Federal, 711 Union Blvd., Totowa, N.J. 07512. For required documentation, call our Member Service Department at 888-78-NJFCU or visit any branch.

STEP 1 – BUSINESS TYPE

How did you hear about NJFCU?

(I am) (We are) applying for the following type of Commercial Membership (check one):

- Sole Proprietorship Limited Liability Company Partnership GP LP (circle one) Corporation
 Unincorporated Association/Organization Club (Social/Recreational) Estate Trust

NOTE: ALL owners/partners/stockholders/principals/executors/trustees must be established NJFCU Members. If not, then the business must apply to become a Select Employee Group (SEG) or the executors/trustees must become members at the time of this application.

STEP 2 – CHOOSE ACCOUNT TYPE

Indicate your initial deposit amount (s) and payment source: Cash Check Wire or Transfer from Member #: _____
 Savings (Required) - \$50 min Initial Deposit: \$ _____ **Checking** - \$0 min Initial Deposit: \$ _____

STEP 3 – BUSINESS/ESTATE/TRUST INFORMATION

Name of Business (incl. Corp., Inc., LLC, etc.) Estate, Trust		Corporate Doing Business As (DBA) Name, when applicable		Employer Identification Number	Business Phone Number
Business Address: Street			City	State	Zip Code
Mailing Street Address (if different) (No P.O. Boxes)			City	State	Zip Code

STEP 4 – OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION (Circle one)

Name	Title	Percentage of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

STEP 4A – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

STEP 4B – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

STEP 4C – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street			City	State	Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

STEP 5 – Agreement

By signing below, the legal entity referenced above (You) certifies that all of the information contained in this Application is accurate to the best of your knowledge. You acknowledge receipt of and agree to the terms and conditions of this Business Membership Application & Deposit Agreement, NJFCU's Truth-in-Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure (where applicable) and to any amendment NJFCU makes, which are incorporated herein. You agree to be bound to the terms and conditions of any account or service that you have with NJFCU now or in the future and agree that NJFCU may change those terms and conditions from time to time. In considering your request for any service, you authorize any person, association, corporation, firm, or personnel office to provide information concerning your affairs upon request of NJFCU, including the obtaining of credit reports. NJFCU may close your account(s) if you fail to comply with any state or federal law or regulation.

NJFCU Business Membership Application and Deposit Agreement

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STEP 5 – Agreement continued

Notice-Statutory Lien (Right of Set Off) Under NJFCU Bylaws and the Federal Credit Union Act (12USC Section 1757 (11)), NJFCU has the right to impress and enforce a statutory lien against your shares and dividends in the event of your failure to satisfy a financial obligation to us. We may enforce that right by applying the balance of shares and dividends in the event of your failure to satisfy a financial obligation to us. We may enforce that right by applying the balance of Shares and dividends in your account(s) at the time of that default in order to satisfy your obligation. We may exercise this right without further notice to you. However, shares that you have in any account that would lose special tax treatment under any law, if subject to this lien, are excluded from this provision.

Taxpayer Identification Number and backup withholding certification Under penalties of perjury you certify that: (1) The number shown on this form is your correct Taxpayer Identification Number, (2) you are not subject to backup withholding because: (A) you are exempt from backup withholding, or (B) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified you that you are no longer subject to backup withholding, and (3) you are 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 a W-8BEN if you are not a U.S. person.

Account Signature Cards

North Jersey Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or transaction of business for this/these account(s):

<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account Type _____	<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account Type _____
Owner/Officer/Authorized Signer (First, Middle, Last)	Owner/Officer/Authorized Signer (First, Middle, Last)
X Signature Date	X Signature Date
ID ✓	ID ✓
<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account Type _____	<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account Type _____
Owner/Officer/Authorized Signer (First, Middle, Last)	Owner/Officer/Authorized Signer (First, Middle, Last)
X Signature Date	X Signature Date
ID ✓	ID ✓

STEP 6 – BUSINESS PROFILE WORKSHEET

ALL FIELDS IN STEP 6 ARE REQUIRED UNDER FEDERAL REGULATION FOR ALL BUSINESS MEMBERSHIPS (Excl. Estates and Trusts)

Nature of business: (must be specific, i.e. computer sales, restaurant)

Describe: _____ NAICS Code: _____

Types of transactions and amounts typically made (check all that apply):

MONTHLY DEPOSITS: Type: Cash Checks Electronic ACH Wire Transfers Other
 Approximate monthly \$ volume: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

MONTHLY WITHDRAWALS: Type: Cash Checks Electronic ACH Wire Transfers Other
 Approximate monthly \$ volume: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

If you engage in wire transfers to/from customers/clients: Foreign Domestic
 Give approximate dollar amount per month: \$ _____ \$ _____

List all countries you typically transfer money to and from:
 COUNTRIES TO: _____ COUNTRIES FROM: _____

Do you / will you cash checks for your customers/clients?
 YES* NO *If YES give approximate daily dollar amount cashed per person: \$ _____

Do you / will **you perform** ACH transaction for your customers/clients?
 YES* NO *If YES give approximate daily dollar amount per person: \$ _____

Do you / will **you sell money orders**, MoneyGrams, etc. to your customers/clients?
 YES* NO *If YES give approximate daily dollar amount sold per person: \$ _____

Do you / will **you sell** stored value cards (gift cards) to your customers/clients?
 YES* NO *If YES give approximate daily dollar amount sold: \$ _____

Do you **have an** Automated Teller Machine (ATM) onsite?
 YES* NO *If YES who owns the machine?: _____ Who performs daily settlement of the machine? _____

Do you / will **you engage** in any forms of internet gambling?
 YES* NO *NOTE: Federal law requires NJFCU to block the processing of restricted transactions of any business engaged in Internet gambling.



RESOLUTION FOR DEPOSITORY AUTHORIZATION

Membership Number: _____

Business Name: _____ Non-Profit

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Unincorporated Association/Organization | <input type="checkbox"/> Club, Social or Recreational |

I/We, _____
PRINT NAME(S)

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor/s | <input type="checkbox"/> Limited Liability Company Manager/s | <input type="checkbox"/> Partner/s |
| <input type="checkbox"/> Corporate Secretary | <input type="checkbox"/> Authorized Officer/s | <input type="checkbox"/> Club Principal/s |

of the above-entitled organization hereby certify to North Jersey Federal Credit Union, 711 Union Boulevard, Totowa, New Jersey 07512, that the following Resolution was duly adopted by the above-indicated organization on _____, 20__ and is now in full force and effect:

“RESOLVED:

1. That North Jersey Federal Credit Union (hereinafter, “the Credit Union”) be and hereby is designated as a depository of this organization, and any one or more of the individuals listed herein, are hereby authorized to open a bank account or accounts from time to time with the Credit Union for and in the name of this organization with such title or titles as he or they may designate.
2. That the individual or individuals listed herein, signing singly, is (are) hereby authorized to sign checks, drafts, notes, acceptances, and other instruments, and orders for the payment or withdrawal of monies, credits items and property at any time held by the Credit Union for the account of this organization, and the Credit Union is hereby authorized to honor any or all thereof, including such as may create an overdraft or increase existing overdrafts, and such as may be payable to or for the benefit of any signer here or other officer or employee individually, without inquiry as to the circumstances of the issue or the disposition of the proceeds thereof and without limit as to amount. This organization agrees to indemnify and save the Credit Union harmless from any losses, costs, damages, expenses or claims against the Credit Union incurred by reason of the use or misuse of any of the individuals listed herein by the authority herein given.
3. That the Credit Union is hereby authorized to accept for deposit for the account of this organization for credit or for collection or otherwise, any or all checks, drafts, notes and other instruments of every kind endorsed by any person or by hand stamp impression in the name of this organization or without endorsement.
4. That the Credit Union be and it hereby is authorized and directed to honor as genuine and authorized as instruments of this organization any and all checks, drafts, or other orders for the payment of money drawn in the name of this organization and signed on its behalf with the facsimile signature of any individual or individuals listed herein. The individual listed above is authorized to certify to the Credit Union, by specimen, the form or form of facsimile signatures unauthorized by the organization for use by said person or persons, and this organization assumes full responsibility for any and all payments made by said Bank in reliance upon the facsimile signature of any person or persons named herein and agrees to indemnify and hold harmless the Credit Union against any and all loss, cost, damage or expense suffered or incurred by the Credit Union arising out of misuse or unlawful or unauthorized use by any person of such facsimile signature or signatures.
5. That the individual or individuals listed herein are hereby authorized to act for this organization in all matters and transaction relating to any of its business with the Credit Union.

6. That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification shall be received by the Credit Union, and certify to the Credit Union the foregoing resolutions, the names of the representatives of this organization, any changes from time to time in the said representatives and specimens of their respective signatures and facsimile signatures; and that the Credit Union may conclusively assume that persons at any time certified to it to be representatives of this organization continue as such until receipt by the Credit Union of written notice to the contrary.”

I FURTHER CERTIFY that the individuals listed below are current representatives of said organization and the positions respectively held by them are as follows:

		X _____ Signature
PRINT Name of Owner/Officer/Authorized Signer	Title	
		X _____ Signature
PRINT Name of Owner/Officer/Authorized Signer	Title	
		X _____ Signature
PRINT Name of Owner/Officer/Authorized Signer	Title	
		X _____ Signature
PRINT Name of Owner/Officer/Authorized Signer	Title	

Signature(s) below must be witnessed and sealed by a Notary Public before returning this form to the Credit Union.

In witness thereof, I have hereunto set my hand
And seal this ____ day of _____, 20__.

Signed, sealed and delivered in the presence of

- SEAL -

X _____	X _____
Notary Public	Owner/Partner/Principal/Officer (from Pg. 1) Date
My Commission Expires: _____	

In witness thereof, I have hereunto set my hand
And seal this ____ day of _____, 20__.

Signed, sealed and delivered in the presence of

- SEAL -

X _____	X _____
Notary Public	Owner/Partner/Principal/Officer (from Pg. 1) Date
My Commission Expires: _____	

Business Membership Application Addendum

MEMBERSHIP NUMBER *(CU Use Only)*

STEP 7 - MEMBERS CONDUCTING BUSINESS/COMMERCIAL ACTIVITIES (Excl. Estates and Trusts)

The undersigned acknowledges that the disclosures and notices received from this credit union to comply with laws and regulations for consumer accounts and services shall not apply to any account or service provided by this credit union when used by the member for any purpose other than a consumer purpose to the extent such a limitation is consistent with applicable law and regulation.

REG GG COMPLIANCE CERTIFICATION

In compliance with Federal legislation and Regulation GG, 12 CFR 233, the undersigned, an authorized representative, on behalf of the business member, hereby agrees that the credit union relationship, accounts and services, including the processing, receipt or origination of payments or credits, will not be used for any purpose contrary to law and particularly to include any unlawful internet gambling business in which a commercial customer places, receives, or otherwise knowingly transmits a bet or wager by any means which involves the use, at least in part, of the Internet where such bet or wager is unlawful under any applicable Federal or State law in the State or Tribal lands in which the bet or wager is initiated, received, or otherwise made.

Business Member Name _____

Owner/Officer/Authorized Signer (PRINT NAME) _____

Signature _____

Title _____ **Date** _____

For Credit Union Use Only

Membership Eligibility: Community Charter Underserved SEG/Business Dev Other _____

Opened By: _____ Br #: _____

ID Verified: _____ Date: _____ MidAtlantic ChexSystems ConfirmIt

Pages signed, verified and scanned into the account opening records: