

ORGANIZATIONAL ACCOUNT APPLICATION

A. ORGANIZATION'S INFORMATION

ORGANIZATION					NON-PROFIT? <input type="checkbox"/>
Social Security / Tax I.D. #: / EIN:		Main Phone:		Year Established:	
Type of Business:	GENERAL / LIMITED PARTNERSHIP <input type="checkbox"/>	LIMITED LIABILITY CORPORATION <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	UNINCORPORATED ASSOCIATION <input type="checkbox"/>	
Physical Address:			City, State, ZIP:		
Mailing Address:			City, State, ZIP:		

Person opening the account on behalf of the legal entity must provide the following information:

Name:		Title:	
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B. OWNERSHIP INFORMATION

Provide the following information for **EACH** individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interest of the legal entity listed above - If no individual meets this definition (Non-Profits), please check "Beneficial Owner Not Applicable" below and skip this section.

☐ Beneficial Owner Not Applicable

Name	Date of Birth	% Owned	Address (Residential or Business Street)	City, State, ZIP:	Social Security / Tax I.D. #:

C. CONTROLLER INFORMATION

Provide the following information for **ONE** individual with significant responsibility for managing the legal entity listed above - If appropriate, an individual listed under the previous section may also be listed in this section:

Name / Title	Date of Birth	Address (Residential or Business Street)	City, State, ZIP:	Social Security / Tax I.D. #:

May we give you public recognition of your support of Latino Community Credit Union?

☐ YES

☐ NO

D. ECONOMIC ACTIVITY

Nature of the business/organization		Annual Revenue
Number of employees	Number of business locations	Types of transactions and volumes you expect to process through the new account

E. TYPE OF ACCOUNTS

A Regular Share (savings) Account is required to open all other Organizational Accounts

- ☐ Regular Share (\$10 minimum deposit & \$8 to join as member) ☐ Share Term Certificate Amount \$ _____ (\$500 minimum deposit)
- ☐ Money Market Amount \$ _____ (\$1,000 minimum deposit) Share Term Certificate Auto Renewal: Yes ☐ No ☐
- ☐ Checking Account Amount (Only Available for Non-Profits \$100 minimum deposit) \$ _____

If choosing a Share Term Certificate, please provide the information below (see rate sheet for terms; choosing a lower interest rate subsidizes homeownership program and financial education)

STC Amount (Minimum of \$500)	Term/Months (6, 12, 18, 24, 36, 48, 60)	Rate (0% - current rates)	Transfer interest (check one)		STC and Interest Transfer To: Account Type (Savings or MM)
			At Maturity	Monthly	

F. PAYMENT

Mail checks to: Latino Community Credit Union -Attn: Special Accounts
P.O. Box 12139. Durham, NC 27709
Fax: (919) 688-9309

[For information about wire transfers, please visit our website.](#)

G. SIGNATURES		
<p>I (we), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.</p> <p>I (we), as depositor(s) have read and received a copy of the Rules and Regulations governing this account and these services and agree to adhere to same. It is agreed that any and all accounts which I (we) now have or may at any future time have which reference this account will be governed by this signature authority. With respect to joint accounts (all of which have the right of survivorship), any of us has the full power and authority to authorize any additional accounts which reference this signature authority. I (we) also certify that I (we) am eligible for membership in the Credit Union and that the ownership of the account(s) being requested is valid under the current by-laws of the Credit Union.</p> <p>In accordance with provisions of the Unlawful Internet Gambling Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Credit Union. "Restricted Transactions" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or the proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers or (iii) checks, drafts, or any similar instrument. By signing below, the signers certify on behalf of the business that it does not engage in internet gambling business.</p> <p>I (we) certify that I (we) are not a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Casher, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks or Redeemer of Money orders, Seller or Redeemer of Stored Value, Money Transmitter, and US Postal Service.</p> <p>I (we) want to become a member of Latino Community Credit Union and support community development and wealth-building. Enclosed is a total of \$18 (\$8 to become a member of Latino Community Development Center (LCDC), a non-profit organization, and \$10 to open a member share savings account). I (we) also authorize the Credit Union to disclose my (our) present and any future names, addresses, and other contact information to LCDC for the purpose of establishing or maintaining membership in that organization. This information will remain confidential within LCCU and LCDC.</p>		
<div>Authorized Signer Name</div>	<div>Officer Signature</div>	<div>Date</div>
<div>Other Authorized Signer Name</div>	<div>Officer Signature</div>	<div>Date</div>
<div>Other Authorized Signer Name</div>	<div>Officer Signature</div>	<div>Date</div>
<p>To open the account, please provide one of the following documents to prove the existence of your organization:</p> <div><div><input type="checkbox"/> Partnerships (all types) – A partnership agreement listing the name of the partnership and the general partners</div><div><input type="checkbox"/> Nonprofit Organization – A charter or other governing documents listing each member-elected officer</div><div><input type="checkbox"/> Limited Liability Corporation (LLC) – Articles of Organization listing the names of members and managers</div><div><input type="checkbox"/> Corporation – Articles of Incorporation</div></div> <p>Also provide accompanying RESOLUTION AND SIGNATURE AUTHORITY to designate <i>Latino Community Credit Union as Depository</i></p> <p>* On the RESOLUTION AND SIGNATURE AUTHORITY, the organization must submit copies of government-issued photo ID and the Social Security/ITIN numbers for anyone authorized to sign checks or make transactions on behalf of the organization.</p>		
FOR LCCU USE ONLY		
<div>Branch #:</div>	<div>Opened Account(s) Type and #:</div>	<div>If STC, list Account # where interest is to be transferred: </div>



RESOLUTION AND SIGNATURE AUTHORITY - Designating Latino Community Credit Union as Depository

A. Substitute Form W-9, Request for Taxpayer Identification Number and Certification

Legal Name of Organization (Include DBA name if applicable):

Address	City
State, ZIP Code	Phone #
EIN / Tax Payers ID # / SSN	
Ownership Type	

Each signer affirms the following: Under penalties of perjury, I certify (1) that the number(s) shown on this form is the correct Organization's Taxpayer Identification Number and (2) that the Organization is not subject to backup withholdings either because it has not been notified that it is subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholdings (if you are subject to backup withholdings, mark out statement 2 and initial above.) This agreement also applies to all accounts held at Latino Community CU. **Note:** The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

B. Name(s) of Authorized Signer(s) on the Account*:

Print Full Legal Name	Social Security Number (SSN)	Position/Title

*Please provide copy of driver's license or ID for each individual.

The following information for ONE individual with significant responsibility for managing the legal entity listed above:

Print Full Legal Name	Date of Birth (mm/dd/yyyy)	Address (Residential or Business St)
City, State, Zip	Social Security Number (SSN)	Position/Title

Non-signatory organizational contact (Optional):

Print Full Legal Name	Date of birth	Position/Title

Be it hereby resolved (authorized);

That Latino Community Credit Union, (hereafter referred to as LCCU) is designated as a depository for the funds of this Organization.

1. Resolved, that accounts be opened and maintained in the name of this Organization with LCCU in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Depositor's Agreement and the disclosure and Fee schedules; that anyone of the above officers, employees, partners, members or managers of this Organization is/are hereby authorized, on behalf of this Organization and in its name, to sign checks, drafts, notes, bill of exchanges, acceptances, certificates of deposit or other orders for the payment of money; to endorse checks, notes, bills, certificates of deposit, or other instruments, owned or held by this Organization for deposit with LCCU or for collection or discount by LCCU; to accept drafts, acceptances, and other instruments payable at said credit union; to place orders with LCCU for the purchase and sale of foreign currencies on behalf of this Organization; to execute and deliver an electronic funds transfer agreement and to appoint and delegate, from time to time, such persons who may request transfers on behalf of the Organization; keep to waive presentment,

demand, protect, and notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn, or endorsed by the organization; and the above "Specimen Signatures" are the true and actual signatures of such authorized officers, employees, partners, members or manager of this Organization; and,

2. Further Resolved, that LCCU be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with foregoing resolution even though drawn or endorsed to the order of any officers, employees, partners, members or managers signing the same or tendered by him or her cashing, or in payment of the individual obligation of such officer, employee, partner, member or manager, or for deposit to his or her personal account, and LCCU shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolution, or the application or disposition of such instrument or the proceeds thereof; and
3. Further Resolved, that LCCU is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Organization's name, including those payable to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the specified number of the foregoing officers, employees, partners, member or manager of this Organization and LCCU shall be entitled to honor and to charge this Organization for such checks, drafts, or other orders, regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signatures resemble the facsimile specimen duly certified to or filed with LCCU by the Secretary, Assistant Secretary or other authorized officer of this organization or manager or member, (if a limited liability company); or general partner (if a general or limited partnership) and,
4. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, or manager of this Organization shall certify to LCCU the name of the persons who are at present authorized to act on behalf of this Organization under the foregoing resolutions and shall from time to time hereafter, as changes in the personnel of said officers, members or managers and employee are made, immediately certify such changes to LCCU by submission of a new Resolution and Signature Authority (with new signatures), and LCCU shall be fully protected in relying on such certifications of the Secretary, Assistant Secretary or other authorized officer, member or manager and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signature of any officer, employee, partner, member or manager so certified, or refusing to honor any signature not so certified; and,
5. Further Resolved, that the foregoing resolution shall remain in full force and effect until written notice of their rescission shall have been received by LCCU, and apply to any and all deposit accounts and/or Certificates of Deposit in the name of this Organization, regardless of whether the account number assigned by LCCU appears or does not appear on the face of this form or Resolution and Signature Authority; and that receipt of such notice shall not affect any action taken by LCCU prior thereto; and,
6. Further Resolved, that all transactions by any of the officers, employees, partners, members or managers of this Organization on its behalf, and in its name, with LCCU prior to the delivery to LCCU of a certified copy of the foregoing resolution are, in all respects, hereby ratified, confirmed, approved, and adopted; and
7. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, members or managers be, and hereby is, authorized and directed to certify these resolutions to LCCU and that the provisions thereof are in conformity with the Charter and bylaws, Articles of Incorporation, Articles of Organization, Operating Agreement and/or Partnership Agreement of this Organization.

The Undersigned organization certifies that its appropriate officers, employees, directors, partners, managers and/or member have read, understand and agree and the undersigned organization understands and agrees to (a) the terms and conditions appearing on the resolution and signature authority; and (b) the terms and conditions of the depositors' agreement and disclosures and fee schedule (which were furnished separately and the receipt of which is hereby acknowledged).

C. This section is only for Credit Unions, Nonprofits, Corporations and Incorporated Associations.

I, the undersigned, hereby certify to LCCU that I am the Secretary/Assistant Secretary of _____

and that the Board of Directors of said Organization at a meeting at which a quorum was present adopted this Resolution and Signature Authority, and that such Resolution and Signature Authority is in full force and effect and has not been amended or rescinded.

In witness whereof, I have hereunto set my hand and the seal of the Corporation/Association

this _____ day of _____, 20____.

Secretary's Signature

D. This sections is for Partnerships, Limited Partnerships, Unincorporated Associations, Limited Liability Companies (LLC, LLP & PLC.), and Sole Proprietorships.

The following designated signatures are required to certify this authorization to be correct:

- Partnerships and Limited Partnerships require two Partners' signatures.
- Unincorporated Associations require two signatures. However, if the association does not have governing body/elected officers, it will require only one signature.
- Limited Liability companies, Limited Liability Partnerships, Professional Limited Liability Companies (LLC, LLP & PLLC's) require two members' or two managers' signatures. LLC, LLP & PLLC accounts required a copy of the "Article of Organization" attached to the Resolution and Signature Card Authority forms. Sole Proprietorships require only the proprietor's (owner's) signature.
- I (we) certify that the organization beneficial owners (individual(s), if any, who, directly or indirectly, owns 25% or more of the equity of the organization, and a single individual with significant responsibility to control, manage, or direct the organization) has not changed since the last time the organization submitted an "Organizational Account Application" form to LCCU, or that I (we) are submitting a new Organizational Account Application form to update beneficial ownership information.

I (We) certify this Resolution and Signature Authority to be correct.

Signature	Title	Date
Signature	Title	Date

Note: The signature on this agreement should match the signature on the account application card. In the event of any difference, this "Resolution & Signature Authority" will be the ruling document.

E. All Authorized Signers on the Account

Individuals included in section B above who will be an Authorized Signer on the account complete the following information:

Print Full Legal Name/Title	Signature	Date

F. For Latino Community CU to use:

Account _____ Date Opened: _____

ORGANIZATION'S DUE DILIGENCE QUESTIONS NEW MEMBERS ONLY

BUSINESS/ORGANIZATION INFORMATION

Business/Organization Name:

EIN/TIN:

ECONOMIC ACTIVITY AND EXPECTED TRANSACTIONS FOR THE ACCOUNT:

a. Will the account be used to write/deposit checks and/or use Mobile Check Deposit?

- Yes
- No

b. If you will send/receive wire transactions monthly, what is the expected total amount?

Choose an item:

- Non-Applicable
- Up to \$10,000
- \$10,001 to \$20,000
- More than \$20,000

c. If you will receive ACH transactions monthly, what is the expected total amount?

Choose an item:

- Non-Applicable
- Up to \$10,000
- \$10,001 to \$20,000
- More than \$20,000

d. Only for Non-profits: Does the organization rely on donations?

- Yes
- No