

Instructions for opening a Spojnia Credit Union Organization/Association/Club or Parish Membership

The attached application must be filled out in its entirety and returned with the proper identification. **The account number will be assigned by the credit union.**

The USA Patriot Act of 2001 requires Spojnia Credit Union to help the government fight the funding of terrorism and money laundering activities. Because of this federal mandate, we must obtain identifying information for the Parish or Organization and verify the authenticity of that information before the account or loan can be processed.

When a Parish or Organization applies for membership, we will ask for the name, address and EIN of the organization and other information that will help us verify this information. We will also ask that you supply us with one form of a valid government issued picture identification for those authorized to sign on behalf of the Parish or Organization.

1. An authorized officer/signer from the organization/association/club or parish will fill out the Account Card with the following information:
 - a. Name of the organization, association, club or parish
 - b. Tax Identification Number (Do not use a social security of an individual)
 - c. Physical Address
 - d. Mailing Address
 - e. Telephone Number – include area code
 - f. Fax Number – include area code
 - g. Email address
 - h. Contact Name, telephone number and email address (This should be someone we can contact if needed during the hours of 8:30 am – 5:00 pm)
2. Authorized signatures are for those who will have access to transact business on the account.
3. An authorization card is also attached. This must accompany the account card. This authorization card will need to be filled out anytime there is a change in officers. Please include the following:
 - a. Name of the organization/association/club or parish
 - b. Address
 - c. Telephone Number
 - d. Email
 - e. Any person who will be authorized to receive account information but is not able to transact on the account
 - f. Two signatures are required by Spojnia Credit Union to transact business on behalf of the organization/association/club or parish
 - g. Name of authorized signers
 - h. Title of officer
 - i. Signature of officer
 - j. Date
 - k. **Copy of current driver's license is required for all signers. NO EXCEPTIONS!**

- I. A new authorization card is required anytime officers change. Current photo identification is also required.
4. Return both forms to Spojnia Credit Union with required photo identification and minimum share deposit of \$5.00.

Spojnja Credit Union
1006 Pittston Avenue
Scranton, PA 18505

Account Card
Spojnia Credit Union
Organization/Association/Club/Parish Membership Application

Please all the requested information. To be eligible for membership your organization/association/club or parish must be affiliated with the Polish National Alliance or the Polish National Catholic Church. A Share (Savings) Account is required before any additional account(s) can be opened. A deposit of \$5.00 must accompany application. This is the minimum share deposit required.

Account Number: _____ (Account number will be assigned by Spojnia Credit Union)

_____ Share (Savings) Account
_____ Share Draft (Checking) Account
_____ Share Certificate
_____ Vacation Club
_____ Christmas Club

Organization/Association/Club/Parish:

Name: _____

Tax identification number (TIN): _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Contact name: _____

Contact phone number: _____

Contact email: _____

I wish to opt out of all email communications: _____ Yes _____ No

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued).

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U. S. person (including a U. S. resident alien). For federal tax purposes, you are considered a U. S. person if you are: 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).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification 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-8-BEN if you are not a U.S. person.

By signing below, we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fees Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. In considering this application and/or any request for financial services, you authorize the Credit Union to check our credit history, to request and use reports regarding same, and to answer questions about its credit experience with you. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

This is an individual account owned by the designated Organization/Association/Club/Parish listed.

Account Designations: See Current Account Authorization Card for a complete list of authorized Signers

A minimum of two authorized signatures are required to transact business on this account.

Account Number : _____ **(Account number will be assigned by Spojnia Credit Union)**

Organization/Association/Club/Parish:

Name: _____

<input checked="" type="checkbox"/>	Print	Signature	Title	Date
<input checked="" type="checkbox"/>	Print	Signature	Title	Date
<input checked="" type="checkbox"/>	Print	Signature	Title	Date
<input checked="" type="checkbox"/>	Print	Signature	Title	Date
<input checked="" type="checkbox"/>	Print	Signature	Title	Date
<input checked="" type="checkbox"/>	Print	Signature	Title	Date

Credit Union Use Only:

Date of Membership: _____ **Open/Approved by:** _____
Member Verification: _____ **Disclosures:** _____

PARISH/ORGANIZATION/ASSOCIATION MEMBERSHIP APPLICATION

Spojnia Credit Union Account Authorization Card

Account Number: _____

Organization/Association/Club/Parish (Name) _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Cell Phone #: _____

Email Address: _____

Contact name: _____

Contact phone number: _____

Contact email: _____

I wish to opt out of all email communications: Yes No

A minimum of two authorized signatures are required to transact business on this account.

Type of Entity:	_____ Partnership	_____ Unincorporated Organization
_____ C Corporation	_____ General	_____ Association/Club
_____ S Corporation	_____ Limited	_____ Trust/Estate
_____ Sole Proprietorship	_____ Limited Liability	_____ Other: _____
_____ Limited Liability Company		_____

Person(s) authorized to receive account information: _____

AUTHORIZED SIGNERS

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms in the "CERTIFICATE OF AUTHORITY" section apply to the Organization/Parish listed in the "ACCOUNT INFORMATION" section. The signers further acknowledge receipt of and agree to the terms of the Membership and Account Agreement, Account Card, Truth-in-Savings Disclosure, and Funds Availability Disclosure, if applicable, as amended by the Credit Union from time to time.

X	_____	_____	_____
Print	Signature	Title	Date
X	_____	_____	_____
Print	Signature	Title	Date
X	_____	_____	_____
Print	Signature	Title	Date
X	_____	_____	_____
Print	Signature	Title	Date
X	_____	_____	_____
Print	Signature	Title	Date

Current photo identification is required for all signers – no exceptions

CERTIFICATE OF AUTHORITY

1. Organization/Association/Club/Parish – The Organization/Association/Club/Parish name shown in the “Account Information” section is the complete and correct name of the Organization/Association/Club/Parish. If applicable, all registered assumed names under which the Organization/Association/Club/Parish does business are shown in the “Account Information” section. Each corporate officer or trustee, whichever is applicable, warrants that the Organization/Association/Club/Parish has been duly formed and currently exists.
2. Authorized Signers – The officers, authorized agents, or trustees, as applicable, signing in the “Authorized Signers” section (Signers) presently occupy the positions shown in the “Authorized Signers” section and are authorized to transact business on behalf of the Account. Each Signer agrees to notify the Credit Union in writing of any change in authority at any time.
3. Authority –
 - a. Each Signer certifies and agrees that the Account Information will be governed by the terms set forth in the Membership and Account Agreement and Account Card, as amended from time to time.
 - b. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate number of signatures as indicated in the “Authorized Signers” section drawn against any of the Organization/Association/Club/Parish accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Organization/Association/Club/Parish for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
 - c. The authority given to the Authorized Signers and Persons Authorized to Receive Account Information shall remain in full force until written notice of revocation is delivered to and received by the Credit Union. Any such notice shall not affect any items in the process at the time notice is given. An authorized officer, trustee, or agent of the Account will notify the Credit Union of any change in the Organization/Association/Club/Parish’s composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Organization/Association/Club/Parish and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
 - d. The Persons Authorized to Receive Account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.
4. Liability – Organization/Association/Club/Parish and each Signer agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the Credit Union relies prior to notice of any account change or change of Organization/Association/Club/Parish. The Organization/Association/Club/Parish agrees that the Credit Union shall not be liable for any losses due to the Organization/Association/Club/Parish’s failure to notify the Credit Union of such changes.

For Credit Union Use Only

See Account Card

Effective Date: _____ Opened/Approved by: _____ Member Verification: _____

Reviewed Documentation: _____

Copies Obtained:

____ Corporate Resolution ____ Meeting Minutes

____ Partnership Agreement ____ Other _____