

# Small Business Services Application



**Welcome to Boeing Employees' Credit Union (BECU).** Please complete application in ink, sign it and bring to a BECU location to apply for membership. If you have any questions contact Small Business Services at 206-812-5140 or, outside Seattle, 1-800-233-2328.

## 1. Business Information and Ownership

STATE UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>											FEDERAL TAX IDENTIFICATION NUMBER <input type="checkbox"/> EIN or <input type="checkbox"/> SSN <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> If SSN, name of individual:										
BUSINESS NAME (DBA, IF APPLICABLE)																					
BUSINESS LOCATION/STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE																		
MAILING ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP CODE																		
BUSINESS PHONE	BUSINESS FAX																				
EMAIL ADDRESS																					
By providing your e-mail address, you agree that BECU may send marketing information regarding products and services to you electronically.																					

## 2. Business Type and Structure - Required Documents

TYPE OF BUSINESS – NOTE: BECU DOES NOT OFFER ACCOUNTS FOR MONEY TRANSFER SERVICES OR TO BUSINESSES OPERATING INTERNET GAMBLING SITES	NAICS CODE (FROM BUSINESS LICENSE)
IS YOUR BUSINESS A CHARITABLE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS STRUCTURE	
<input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> State Business License <input type="checkbox"/> Partnership: <input type="checkbox"/> State Business License <input type="checkbox"/> Partnership Agreement, to include list of partners	
<input type="checkbox"/> Corporation: <input type="checkbox"/> State Business License <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Bylaws, if applicable	
<input type="checkbox"/> Limited Liability Company (LLC): <input type="checkbox"/> State Business License <input type="checkbox"/> LLC Agreement, to include list of members <input type="checkbox"/> Formation Documents	

## 3. Authorized Signers

**IMPORTANT INFORMATION ABOUT YOUR PROCEDURES FOR OPENING A NEW ACCOUNT.** Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Auth. Signer 1	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Auth. Signer 2	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Auth. Signer 3	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Auth. Signer 4	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

**4. Agents\* and Non-Authorized Agents\*\***

*\*Agents may make inquiries on accounts and perform transactions between accounts. \*\*Non-Authorized Agents may only make inquiries on accounts.*

NAME (1)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (2)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (3)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (4)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH

**5. Products and Services**

Please visit [becu.org](http://becu.org) for additional information on our products and services.

**A savings account with a minimum deposit of \$5.00 is required to establish membership at BECU.  
Please refer to the BECU Account Disclosure for rates and fee schedule.**

Choose all that apply:

- Business Member Share Savings
- Savings Account
- Basic Checking Account       Interest Bearing Checking Account
- Money Market Account
- Certificate of Deposit

Issue Debit Card to:       (1) Authorized Signer     (2) Authorized Signer     (3) Authorized Signer     (4) Authorized Signer

**Please see information in the Deluxe Check Design Brochure to order checks.**

**6. Membership Agreements and Signatures**

By signing below, you, the business, and each authorized signer(s), (collectively "You"), acknowledge and agree; that the information You provided is accurate, complete, and true and that You have instructed BECU as to the proper title of the account and we may rely on the information in our dealings with You, now and in the future; that BECU may receive information about Your credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application; that You have reviewed and will retain for Your records the Account Disclosure and Membership Account Agreement, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and by signing below You acknowledge their receipt and agree to their terms; that issuance of each Debit Card or other access device selected in Section 3 is specifically requested; and that by selecting a Checking Account, You authorize BECU to debit the cost of the checks from Your checking account at the time of the check order.

By signing below, whether You are a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), You certify that You, by Resolution or otherwise, duly adopted in accordance with Your charter, bylaws, and applicable law, are authorized to enter into this Agreement, apply for and maintain membership, sign up for additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action hereto taken by You is hereby ratified and confirmed. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for BECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

**Taxpayer Identification Number Certification and Backup Withholding Information**

By signing below, I certify in accordance with the IRS W-9 instructions and under penalties of perjury that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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).

**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.

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

BASIS FOR ELIGIBILITY

(1) AUTHORIZED SIGNER & TITLE	DATE
(2) AUTHORIZED SIGNER & TITLE	DATE
(3) AUTHORIZED SIGNER & TITLE	DATE
(4) AUTHORIZED SIGNER & TITLE	DATE

This section to be completed by BECU	SHARE ACCOUNT #	CHECKING ACCOUNT #	MONEY MARKET ACCOUNT #	CD ACCOUNT #
	DATE	REP	<input type="checkbox"/> ID Verified <input type="checkbox"/> OFAC on Business Name <input type="checkbox"/> Qualifile	