

BRAINTREE BRANCH & OPERATIONS CENTER 300 Granite Street, Braintree, MA 02184-4999

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# BUSINESS ACCOUNT APPLICATION

First, Middle Initial, Last

\_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mother's Maiden Name:



**Applicant 1** 

Address 1: \_\_\_\_\_

Date of Birth:

Position/Title: \_\_\_\_

Type ID & #: \_\_\_\_\_

**Applicant 4** 

Name: \_\_\_\_\_

SSN#:

City: \_\_\_\_

- □ Savings/Share Account
- Checking Account

Money Market Account

- Debit MasterCard®
- □ Certificate of Deposit
- Money Line/Home Banking
- Other:

## How did you hear about Liberty Bay?

#### Applicant 2

Name:			
	First, Middle Initial, Last		
SSN#:			
Mother's Maiden Name:			
Address 1:			
City:	_ State:	_ Zip+4:	
Date of Birth:			
Home Phone:			
Email Address:			
Business Phone:		_ Ext:	
Position/Title:			
Type ID & #:			

## **Account Title/Designations:**

<ul> <li>Sole Proprietorship</li> <li>Partnership</li> <li>Limited Liability Corporation (LLC)</li> <li>Corporation ( C and S Type)</li> <li>Unincorporated Association/Organization</li> </ul>						
Business Name:						
Address:						
City:	State:	Zip+4:				
Business Email:						
Business Phone:						

ax ID Number:	
ype of Business:	

## Applicant 3

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Name:	Name:
First, Middle Initial, Last SSN#:	First, Middle Initial, Last SSN#:
Nother's Maiden Name:	
Address 1:	Address 1:
City: State: Zip+4:	City: State: Zip+4:
Date of Birth:	Date of Birth:
Home Phone:	Home Phone:
Email Address:	Email Address:
Business Phone: Ext:	Business Phone: Ext:
Position/Title:	Position/Title:
Туре ID & #:	Type ID & #:

I/We hereby make application for Membership in Liberty Bay Credit Union. I/We hereby agree to the By-Law, Rules and Regulations of the Credit Union now in force and any that may hereafter be adopted. I/We acknowledge receipt of the Fee Schedule and applicable Account Disclosures and agree to be bound by the terms and conditions set forth therein, as may be amended from time to time. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, National Check Protection Service. In order to comply with the fair Credit Reporting Acts and other consumer reporting laws (both federal and state) we must notify you of the following: a consumer report may be requested from a credit reporting agency, relative to its file background information. I/We, also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, I/we certify that the number shown on this card is my/our correct taxpayer identification number and that I/we are not subject to backup withholding due to underreporting. I/We understand that the use of Liberty Bay Credit Union. MasterCard Debit Card is governed by the terms and conditions set forth in the cardholder agreement and loan agreement and hereby agree to the bylaws, rules and regulation of Liberty Bay Credit Union, those now in force and any which may be hereafter adopted.

Authorized Signature 1:		_ Date:				
Authorized Signature 2:			Date:			
Authorized Signature 3:			Date:			
Authorized Signature 4:			Date:			
Number of signatures required if more than one:						
FOR DEPOSITORY INSTITUTION USE ONLY Institution	formation Verification: Employee Name and Date					
I certify that I checked the identification listed with respect to each person named.	I certify that I have checked all government issued lists of terrorists or terrorist organizations required by law (e.g., OFAC list) and that					
Name:	I did I did not	Disclosure 🗌 Date:				
Date:	find any matches with the above name(s).	Member Number Assigned:				
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