



P.O. Box 45085
Jacksonville, FL 32232-5085
(904) 777-6000 • 1 800-445-6289

Revised 08-2019

Application for Business Membership

Identifying Information of Business or Organization

Legal Name of Business Entity or Organization

Registered Fictitious Name or "Doing Business As" Name (if applicable)

Tax Identification Number (e.g., Employer Identification Number)

Street _____ City _____ State _____ Zip _____

Primary Business Location (Physical address only: no P.O. Box Allowed)

Street _____ City _____ State _____ Zip _____

Mailing Address for Primary Business Location (If different than physical address)

Nature of Business (Please be specific/detailed)

Primary Business Telephone Number

Secondary Business Telephone Number

Email Address

DD ____ MM ____ Year _____

Date of Business Formation

WWW. _____

Website for Business or Organization

Check box if Member Number
Only was created.

Required Documentation for Each Business or Organization Formation Type

Corporation

- Active registration with the State of Florida
- Articles of Incorporation
- Proof of Federal Tax ID Number
- Valid Driver's License (must be current/valid)
- Verification of principal business address for the business

Limited Liability Company ("LLC")
(Includes Member Managed and Managed LLCs)

- Active registration with the State of Florida
- Articles of Organization
- Proof of Federal Tax ID Number (if not using personal Social Security Number)
- Valid Driver's License (must be current/valid)
- Verification of principal business address for the business

Partnership
(Includes General, Limited, Professional, or Limited Liability Partnerships)

- Active registration with the State of Florida
- Copy of Partnership Agreement
- Proof of Federal Tax ID Number
- Valid Driver's License (must be current/valid)
- Verification of principal business address for the business

Sole Proprietorship

- Fictitious name filing with State of Florida if using a DBA name (unless using full name within Business Name)
- Proof of Federal Tax ID Number (if not using personal Social Security Number)
- Valid Driver's License (must be current/valid)
- Verification of principal business address for the business

Clubs/Organizations/ Non-Profit

- Active registration with the State of Florida (if Incorporated)
- Bylaws or Minutes stating the officers representing the organization
- Letter from the organization that acknowledges the account opening, confirms the identity of the organization's members authorized to open the accounts, signed by the authorized officers representing the organization
- Proof of Federal Tax ID Number (if small club operating under another group, letter from sponsoring organization authorizing use of EIN required)
- Valid Driver's License (must be current/valid)
- Verification of principal business address for the business

Owner Initial: _____

I (We) am/are applying for the following (Check all that apply)

Business Savings

Small Business Checking

Business Certificate of Deposit

Regular Business Checking

Business Money Market

Business Volume Checking

New Club

Non-Profit Business Checking

Add Authorized Signer(s)

Release/Change Authorized Signer(s)

This form affects the following account numbers

ACCOUNT # _____

-Office Use Only-

*Member # _____

EIN / SSN # _____

*Branch # _____

*Membership Officer _____

*Teller # _____

*Date _____

Business Account Owner Information

Note: The individual(s) listed below are able to conduct and transact business on all accounts associated with this membership application, and have an ownership or controlling interest in the business or organization.

1 - Business Account Owner

Legal Name — First	M.I.	Last	Title	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)		State	Expiration (MM/DD/YYYY)
Social Security Number	Percentage of Ownership	%		
Work Telephone Number	Home Telephone Number		Email	
Physical Address — Street (no P.O. Box allowed)	City		State	Zip

2 - Business Account Owner

Legal Name — First	M.I.	Last	Title	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)		State	Expiration (MM/DD/YYYY)
Social Security Number	Percentage of Ownership	%		
Work Telephone Number	Home Telephone Number		Email	
Physical Address — Street (no P.O. Box allowed)	City		State	Zip

3 - Business Account Owner

Legal Name — First	M.I.	Last	Title	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)		State	Expiration (MM/DD/YYYY)
Social Security Number	Percentage of Ownership	%		
Work Telephone Number	Home Telephone Number		Email	
Physical Address — Street (no P.O. Box allowed)	City		State	Zip

4 - Business Account Owner

Legal Name — First	M.I.	Last	Title	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)		State	Expiration (MM/DD/YYYY)
Social Security Number	Percentage of Ownership	%		
Work Telephone Number	Home Telephone Number		Email	
Physical Address — Street (no P.O. Box allowed)	City		State	Zip

Note: If more than four Account owners will be on these accounts, please duplicate this page to capture all individuals.

-Office Use Only-

Authorized Signers

Note: The individual(s) listed below have been provided authorization to conduct and transact business on all accounts associated with this membership application, but do not have an ownership interest in the business or organization.

1 - Authorized Signer

Legal Name — First	M.I.	Last	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)	State	Expiration (MM/DD/YYYY)
Social Security Number			
Work Telephone Number	Home Telephone Number	Email	
Physical Address — Street (no P.O. Box allowed)	City	State	Zip

2 - Authorized Signer

Legal Name — First	M.I.	Last	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)	State	Expiration (MM/DD/YYYY)
Social Security Number			
Work Telephone Number	Home Telephone Number	Email	
Physical Address — Street (no P.O. Box allowed)	City	State	Zip

3 - Authorized Signer

Legal Name — First	M.I.	Last	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)	State	Expiration (MM/DD/YYYY)
Social Security Number			
Work Telephone Number	Home Telephone Number	Email	
Physical Address — Street (no P.O. Box allowed)	City	State	Zip

4 - Authorized Signer

Legal Name — First	M.I.	Last	Date of Birth (MM/DD/YYYY)
Government Issue I.D. Number	Type (e.g. Drivers License, Passport)	State	Expiration (MM/DD/YYYY)
Social Security Number			
Work Telephone Number	Home Telephone Number	Email	
Physical Address — Street (no P.O. Box allowed)	City	State	Zip

Note: If more than four individuals will have signing authority, please duplicate this page to capture all authorized signers.

-Office Use Only-

Conditions, Notifications, Disclosures, and Agreements

By signing below, you agree, as Account Owners, to allow all individuals listed and signing as authorized signers, on the following page of this agreement, to conduct business and transactions on behalf of the business or organization. You further agree that you were provided all brochures, booklets, and disclosures which correspond to the accounts you have established under and at the time of this agreement. Additionally, you agree to abide by the conditions and requirements contained within this agreement and within the brochures, booklets, and disclosures provided to you in conjunction with the account(s) established at the time of this agreement. Certain terms, conditions, and restrictions associated with your membership and accounts are subject to change and could change without notice.

You understand and confirm that the accounts, and funds associated with the accounts, are not to be used in conjunction or association with any illegal activities, which include money laundering and Internet Gambling, as defined or described within the Unlawful Internet Gambling Enforcement Act. Additionally, you understand that, in order to help protect against terrorist financing and money laundering, Federal law requires financial institutions, such as VyStar Credit Union, to obtain, verify, and record certain identifying information of all persons who open accounts. Therefore, VyStar Credit Union will ask for legal names, physical addresses, dates of birth, and certain and specific other information at or around the time of establishing membership or accounts. Additionally, VyStar Credit Union, in conjunction with verifying your identity(ies), will request to see your valid government issued identification. If VyStar Credit Union is unable to verify any required or pertinent identifying information about the individual(s) associated with this account or the legal business or organization, VyStar Credit Union will not be able to open the account. If any identifying information or documentation is found to be inaccurate, VyStar Credit Union may be forced to close your membership and account(s).

You attest that the funds to be deposited into the account(s) associated with this agreement, or any subsequent account opened on behalf of the business or organization, are authorized for such deposit and that VyStar Credit Union is authorized to pay withdrawals, payments, or transfers authorized, initiated, or signed by any of the authorized signers listed and signing below. By authorizing VyStar Credit Union to pay and honor any transaction initiated by an authorized signer, you are relieving VyStar Credit Union from any liability in connection with the payment of withdrawals, transfers, payments, or other permitted types of transactions initiated by any authorized signers.

If VyStar Credit Union becomes aware of a conflict or dispute amongst business owners of which the dispute or conflict involves ownership or control of funds, VyStar Credit Union reserves the right to suspend activity on the account until documentation is provided which substantially satisfies the dispute or conflict in question.

Please note that certain minimum balances, fees, or transaction volume limitations apply to certain account types. Refer to your account opening brochures and disclosures for additional information.

By signing your name(s) below and executing this agreement, you are agreeing to the terms, conditions, notifications, and disclosures represented in this agreement and other information represented in documentation provided to you at or in conjunction with the establishment of membership and the opening of the associated account(s). I/We, hereby certify, to the best of my/our knowledge, that the information provided is complete and correct.
Substitute Form W-9. Certification: By signing below, under penalties of perjury, I/we certify (1) that the taxpayer identification number shown on this form is my/our correct identification number; (2) that I/we am not subject to backup withholding either because I/we have not been notified that I/we am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I/we am no longer subject to backup withholding; and (3) that I/we am a United States person or United States resident alien. If you have been notified by the IRS that you are subject to backup withholding due to payee underreporting and have not been notified by the IRS that the backup withholding is terminated, you should strike out the language in clause two of the above certification statement before you sign this application. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)

►	1 - Signature of Account Owner	Printed Legal Name	Date: (MM/DD/YYYY)
►	2 - Signature of Account Owner	Printed Legal Name	Date: (MM/DD/YYYY)
►	3 - Signature of Account Owner	Printed Legal Name	Date: (MM/DD/YYYY)
►	4 - Signature of Account Owner	Printed Legal Name	Date: (MM/DD/YYYY)

Note: The individual(s) listed below have been provided authorization, by the Account Owners on behalf of the business or organization, to conduct and transact business on all accounts associated with this membership application, which includes payments, withdrawals, and transfers of funds.

►	1 - Authorized Signer	Printed Legal Name	Date: (MM/DD/YYYY)
►	2 - Authorized Signer	Printed Legal Name	Date: (MM/DD/YYYY)
►	3 - Authorized Signer	Printed Legal Name	Date: (MM/DD/YYYY)
►	4 - Authorized Signer	Printed Legal Name	Date: (MM/DD/YYYY)

-Office Use Only-

Business or Organization Resolution Authorizing the Establishment of Membership and Accounts

The Account Owner(s), as listed and authorizing below, wish to establish membership and certain accounts at VyStar Credit Union on behalf of _____

Business or organization legal name

All individuals listed and identified as Account Owners of the business or organization must sign this form.

As Account Owners signing below, you have the responsibility to monitor the transaction activities associated with all VyStar Credit Union accounts owned by the business or organization.

Please be advised that, in order to add or remove authorized signers on any accounts established as a result of your application for membership, the individual(s) listed as Account Owner(s) in the Application for Membership must authorize by signature the addition or removal of an authorized signer. If the composition of the business's or organization's Account Owners changes during your relationship with VyStar Credit Union, then formal documents (e.g., amendments to articles of incorporation, articles of organization, agreements), reflecting such changes, will need to be provided in order to proceed with changes to authorized signers.

Name(s), Title(s), and Signature(s) of all Business Account Owners	
Printed Legal Name ► Signature	Title Date: (MM/DD/YYYY)

For Notary Use

(If Business or Organization Membership Application is not signed in the presence of a VyStar employee, a Notary must witness the signing of this document.)

STATE OF _____

to me personally known, or who has provided the below described identification, to be the person described in and who executed the foregoing instrument and acknowledged the execution thereof to be their free act and deed for the uses and purposes therein mentioned.

County of _____

I HEREBY CERTIFY that on this _____ day of _____, year 20_____, before me personally app

WITNESS my hand and official seal, the day and year last aforesaid.

To me personally known.

Identified to me by Identification/Driver's License Number _____

NOTARY SEAL

Name of Notary Public _____

issued by the State of _____

Signature of Notary Public _____

My Commission Expires: _____ / _____

-Office Use Only-

* Member #

EIN / SSN #

* Branch #

* Membership Officer

* Teller #

* Date

This page is for internal processing and is not part of the application. This page can be discarded if printed on paper.

sa://	//:sa
sb://	//:sb
sd://	//:sd
se://	//:se
sf://	//:sf
sg://	//:sg
sh://	//:sh
si://	//:si
sj://	//:sj
sk://	//:sk
sm://	//:sm
sn://	//:sn
so://	//:so
sp://	//:sp
sq://	//:sq
sr://	//:sr
COR://	//:COR
LCC://	//:LCC
PAR://	//:PAR
SOL://	//:SOL
CLU://	//:CLU