



**Master Membership Application  
Business**

Open Date: \_\_\_\_\_  
Member Number: \_\_\_\_\_  
Share ID: \_\_\_\_\_

**Sole Proprietor:**

You certify that you are eligible for membership on the basis that you: Reside Work Volunteer Attend School Worship in Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Ulster or Westchester County. You are an Immediate Family Household member of: \_\_\_\_\_ who is a current member. Relationship: \_\_\_\_\_

**All Other Business Types:**  The business is eligible on the basis that it is located in Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Ulster or Westchester County.

**Business Entity:** Sole Proprietor Partnership Limited Partnership Corporation S-Corp LLC

**Name of DBA (if different than Business Name):** \_\_\_\_\_

**Certificate Details**

Amount: \_\_\_\_\_ Term: \_\_\_\_\_ Dividend Disbursement: Credit to Certificate Credit to Share ID: \_\_\_\_\_

**Business Information**

Business Passcode: \_\_\_\_\_

Business Name	Type of Business	Business SSN/EIN Number		
Business Address	Business City	Business State	Business Zip	Business Email(optional)
Business Mailing Address	Business Phone		Business FAX	

You certify that you are the owner/representative of the above referenced sole proprietorship, partnership/LLC/corporation, which is organized under the laws of the state of \_\_\_\_\_.

Overdraft Coverage from Primary Savings  No Overdraft Coverage  Opt out of Business Privilege Pay

You certify that you have the necessary equipment and ability to access records electronically.

**IMPORTANT INFORMATION ABOUT THE PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask you 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.

**Sharing Information:**  If this box is left unchecked, information relating to your account(s) may be shared with HVCU's affiliates.

This application serves as the Master Membership Account Application-Business or Supplemental Application, and controls all subsequent accounts opened under this member number, and is a continuing authorization to open any other account for me on my verbal request and deposit of funds.

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined on the Internal Revenue Service's Website: [www.irs.gov](http://www.irs.gov)

SSN/TIN number:

**TIN Certification**

You certify under penalties of perjury that the following is true: (1) The number shown on this form is your correct taxpayer identification, and (2) You are not subject to backup withholding.  You agree to check the box if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (3) You are a U.S. citizen or other U.S. person. 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 you are exempt from FATCA reporting is correct. Exempt payee code (if any) \_\_\_\_\_. Exemption from FATCA reporting code (if any) \_\_\_\_\_.

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

\_\_\_\_\_  
Signer #1 Signature and TIN Certification (with title)

\_\_\_\_\_  
Date