greenwell financial
A Division of SkyOne

14600 Aviation Blvd. | Hawthorne, CA 90250 | support@greenwellfinancial.org

# BUSINESS MEMBERSHIP APPLICATION

| MEMBERSHIP # | ☐ New Membership ☐ Account Change |
|---|---|

## SECTION 1

### BUSINESS INFORMATION

| | | | |
|---|---|---|---|
| Business Name | | | |
| Street Address | City | State | Zip |
| Mailing Address | City | State | Zip |
| Email Address | Business Phone # | Alternate Phone # | |
| Business Open Date | Business Industry | | |

Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (responsible individual(s) and any authorized signers referenced herein) agree that the Greenwell Financial may from time to time make calls and/or send text messages to me/us at any telephone number(s) provided in this business membership application, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/cellular telephone numbers, that may or may not result in data usage and/or charges to me/us. This is so the Greenwell Financial can service and keep me informed about my membership, any and all of my/ our account(s), any loans and transactions I/we have executed or may enter into with SkyOne Federal Credit Union dba Greenwell Financial ("Greenwell Financial"), and/or to provide me/us with fraud, security breach, or identity theft alerts. I/We also agree that I/we may be contacted by the Greenwell Financial service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me/us include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I/We understand that I/ we am/are not required to provide consent as a condition to receiving the Greenwell Financial's products or services.

By also initialing this paragraph below, I/we further authorize Greenwell Financial to contact me/us as set forth above, by making calls and/or sending text messages to me/ us at any telephone number(s) I/we have provided in this business membership application, through, but not limited to, the use of prerecorded/ artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me/us. I/We understand that I/we am/ are not required to provide this additional consent as a condition to receiving Greenwell's products or services.

| Responsible Individual Initials | Auth. Signer Initials | Auth. Signer Initials | Auth. Signer Initials |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

## SECTION 2

### MEMBERSHIP ELIGIBILITY

I am eligible to join Greenwell Financial in one of the following ways:

A $5.00 minimum savings account deposit is required for membership.

☐ Business is a chapter/unit/etc of Associational Group (AG). For non-profit organizations only. Association name: _____;

☐ Community Group (CG): The ☐ business headquarters or ☐ primary place of business is located in a qualified area around Main Branch. ZIP Code _____;

☐ I understand and agree that if I do not fall within the member eligibility groups, I agree to become a member of Friends of Madrona Marsh (FOMM) or Surfrider Foundation. I agree to pay the one time fee of $20 for FOMM (So. CA residents only) or $25 for Surfrider Foundation (all other residents). ☐ I agree _____

☐ I am an existing member of SkyOne Federal Credit Union. My member number is: _____

### ACCOUNT OWNERSHIP

| | | | |
|---|---|---|---|
| ☐ Sole Proprietorship | ☐ General/Limited Partnership | ☐ Corporation | ☐ Incorporated Association |
| ☐ Non-Profit Organization/Association | ☐ Limited Liability Company | ☐ Unincorporated Assoc. - Club/Organization | |

## SECTION 3

### ACCOUNT OPTIONS

Choose the account(s) you would like to open.

☐ Business Savings ☐ Business Checking ☐ Other _____

**Resolution of Authority**

The undersigned hereby certify(ies) that the following is a resolution that Business (as defined above), having full power and lawful authority to do so, has duly adopted and has not rescinded or modified, the following:

Be it resolved that:

1. The Business hereby applies for membership in Greenwell Financial and by making this application, agrees to comply with the Credit Union's Bylaws, Charter and Amendments, and to establish at least one (1) share (deposit). Business further agrees to abide by the terms and conditions set forth in the Greenwell Financial's Member Account Agreement and Disclosure, the Fee Schedules, and other signature cards and account information and disclosures. The terms and conditions of the aforesaid documents are expressly incorporated herein and made a part hereof, and are agreed to by Business.
2. The undersigned and the authorized signers on the account ("Authorized Signers") named below is/are hereby authorized in the name of and on behalf of the Business to (a) deposit, withdraw, and/or transfer funds on deposit at Greenwell Financial, unless otherwise specified; (b) execute any document, including but not limited to, account applications and agreements, facsimile signature authorization agreements, wire transfer agreements, automated clearinghouse agreements, lock box and other cash management agreements, and payroll deposit agreements; and (c) take any action on behalf of Business to carry out the terms of these authorizations and the terms of the documents described herein. Greenwell Financial is authorized to honor and pay all checks signed as provided herein, including those drawn to the order of any officer/principal or Authorized Signer on this account.
3. Business authorizes Greenwell Financial to check its credit history for any reason, including verification of the information on this application. Greenwell Financial may, at its discretion, pay checks, drafts, and electronic transactions initiated by either Business or its Authorized Signers, that will overdraft Business' account.
4. Business approves and ratifies any and all acts committed by Business or its Authorized Signers with regard to any accounts established with Greenwell Financial. Business agrees that the terms of this Agreement, and the designated persons to act on behalf of the Business shall remain in full force and effect until Greenwell Financial receives official notice, in writing, from Business of a revocation thereof, by resolution duly adopted by Business. This certification by Business as to the signatures of the undersigned shall be binding upon Business until Greenwell Financial has actually received such notice in writing. Business further agrees that Greenwell Financial is authorized to act pursuant to this resolution until it receives notice of a revocation, and that Greenwell Financial shall be indemnified against any loss suffered, or any liability incurred by it, in the continuing to act, pursuant to this resolution, even though this resolution may have been changed.

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# BUSINESS MEMBERSHIP APPLICATION

**MEMBERSHIP #**

SECTION 3 (cont'd)

By signing below, the undersigned agrees to be and severally liable and responsible for any loss, damage, or charges incurred because of its use of the accounts at Greenwell Financial, and further agrees that facsimile signatures will have the same legal force and effect as original signatures.

IN WITNESS WHEREOF, the undersigned having full power and authority to execute this Resolution of Authority on behalf of Business has signed this resolution this_____day of _____, 20_____.

Print Name _____ Signature _____ Title _____

**Authorized Signers on the Account:**

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

SECTION 4

| **AUTHORIZED SIGNER(S)** | | ☐ Add ☐ Edit | ☐ Order Debit Card | |
|---|---|---|---|---|
| First Name | Last Name | Title | SS # or TAX ID # | |
| Street Address | | City | State | Zip |
| Number of Years at Address | Previous Address *(If less than 2 years at current address)* | | | |
| ☐ Rent ☐ Own Free And Clear ☐ Buying/Own With Mortgage ☐ Live With Parents ☐ Government Quarters ☐ Other | | | | |
| Home Phone # | Work Phone # | Cell Phone # | Date of Birth | |
| Driver's LIC. State or Other ID# | State/Country | Date Issued | Expiration Date | |
| ☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card | | | Mother's Maiden Name | |
| Employer *(If retired, former employer name)* | | Employment Duration | Occupation | |
| ☐ Employed ☐ Self Employed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other | | | | |
| E-mail Address | | | | |

Print Authorized Signer Name _____ Authorized Signer Signature _____ Date _____

| **AUTHORIZED SIGNER(S)** | | ☐ Add ☐ Edit | ☐ Order Debit Card | |
|---|---|---|---|---|
| First Name | Last Name | Title | SS # or TAX ID # | |
| Street Address | | City | State | Zip |
| Number of Years at Address | Previous Address *(If less than 2 years at current address)* | | | |
| ☐ Rent ☐ Own Free And Clear ☐ Buying/Own With Mortgage ☐ Live With Parents ☐ Government Quarters ☐ Other | | | | |
| Home Phone # | Work Phone # | Cell Phone # | Date of Birth | |
| Driver's LIC. State or Other ID# | State/Country | Date Issued | Expiration Date | |
| ☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card | | | Mother's Maiden Name | |
| Employer *(If retired, former employer name)* | | Employment Duration | Occupation | |
| ☐ Employed ☐ Self Employed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other | | | | |
| E-mail Address | | | | |

Print Authorized Signer Name _____ Authorized Signer Signature _____ Date _____

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**MEMBERSHIP #**

## SECTION 4 (cont'd)

| **AUTHORIZED SIGNER(S)** | | ☐ Add ☐ Edit | ☐ Order Debit Card | |
|---|---|---|---|---|
| First Name | Last Name | Title | SS # or TAX ID # | |
| Street Address | | City | State | Zip |
| Number of Years at Address | Previous Address *(If less than 2 years at current address)* | | | |

☐ Rent ☐ Own Free And Clear ☐ Buying/Own With Mortgage ☐ Live With Parents ☐ Government Quarters ☐ Other

| Home Phone # | Work Phone # | Cell Phone # | Date of Birth |
|---|---|---|---|
| Driver's LIC. State or Other ID# | State/Country | Date Issued | Expiration Date |

☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card — Mother's Maiden Name

| Employer *(If retired, former employer name)* | Employment Duration | Occupation |
|---|---|---|

☐ Employed ☐ Self Employed ☐ Student ☐ Homemaker ☐ Active Military ☐ Retired Military ☐ Government/DOD ☐ Other

E-mail Address

Print Authorized Signer Name _____ Authorized Signer Signature _____ Date _____

## SECTION 5

| **PART 1** | **TAXPAYER IDENTIFICATION NUMBER (TIN)** | |
|---|---|---|
| Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). | Social Security Number | Employer Identification Number |

**PART 2** **CERTIFICATION**

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 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. citizen or other U.S. person. The FATCA code certification does not apply. Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| Sign Here | Signature of U.S. Person | Date |
|---|---|---|

## SECTION 6

**ACCOUNT AGREEMENT**

**All applicants must provide a valid state or U.S. Government-issued photo identification. As required by federal law, Greenwell Financial must verify the identity of each person seeking to open an account (including all owners and authorized signers) and must maintain records of the information used to verify each person's identity.**

I/We agree to conform to SkyOne Federal Credit Union's Bylaws, the terms and conditions of the Membership Application and Agreements & Disclosures (Share Accounts, Truth in Savings, and Electronic Services). I/We hereby apply for membership and authorize Greenwell Financial to verify all the information supplied herein; and to verify my/our creditworthiness.

Print Responsible Individual Name _____ Responsible Individual Signature _____ Date _____

| **FOR GREENWELL FINANCIAL USE ONLY** | | | |
|---|---|---|---|
| Membership Channel | Date | Rep # | Office # |