



STERLING & FORT MORGAN FEDERAL

BUSINESS MEMBERSHIP APPLICATION

Member Number: _____

Business/Organization Information

Business/Organization Name:		EIN/TIN:	
Other Trade Name/DBA:		Nature of Business:	
Street:		Membership Eligibility:	
City/State/Zip:		State Organized:	
Work Phone:	Cell Phone:	Email:	
Type of Business:			
Business License Number:	Issued By:	Issuance Date:	Exp. Date:

Authorized Person(s)

Name: Last	First	MI	SSN/TIN:
Street:			Driver's License #:
City/State/Zip:			Date of Birth:
Cell Phone:	Work Phone:	Email:	
Ownership % (if any):			

Authorized Person(s)

Name: Last	First	MI	SSN/TIN:
Street:			Driver's License #:
City/State/Zip:			Date of Birth:
Cell Phone:	Work Phone:	Email:	
Ownership % (if any):			

Beneficiary(ies): Person(s) designated to receive funds upon death of account owner(s)

For Sole Proprietorships ONLY

Name:	Member # (if known):	Name:	Member # (if known):
DOB:	Address:	DOB:	Address:
SSN:		SSN:	
Phone #		Phone #	

How did you hear about us?

Friend Relative Outdoor Sign Radio Other (please explain) _____

Please Check Account Services you are interested in:

Savings Account (\$25 min deposit)
 Checking Account (\$50 min opening)
 Checks
 Internet Banking
 Loans
 Certificate(s)
 Debit/ATM Card
 OD Protection
 E-Statements

Member Information Survey

Estimated monthly cash deposits \$ _____	Will you be sending or receiving wires? _____
Estimated monthly cash withdrawals \$ _____	If yes, Frequency? _____
Will you have Direct Deposit? _____	Estimated Amount? \$ _____
If yes, estimated amount? \$ _____	To Where? _____
From Where? _____	Will any source of funds come from any form of a Marijuana Business? _____
Will you have additional ACH Credits/Debits? _____	
If yes, please explain:	

Account Agreement:

By Signing Below: You acknowledge receipt of and agree to the terms and conditions contained in the document entitled Membership Package & Disclosures, and any amendment the Credit Union makes to such document from time to time which are incorporated herein. As part of the terms of the agreement, the undersigned and any/all parties to this agreement hereby agree that the Credit Union may, without prior notice to any such parties or beneficiaries, withdraw funds from this account or any other account with the Credit Union and apply funds to satisfy in part or whole any matured loans, advances, or other indebtedness owed to the Credit Union by the undersigned. You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union to verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency.

(x) _____
Authorized Signature Date

(x) _____
Authorized Signature Date

(x) _____
Authorized Signature Date

(x) _____
Authorized Signature Date