

ORGANIZATION MEMBERSHIP APPLICATION



92 North Avenue. Burlington. VT. 05401
P: 802.865.2003 or 800.865.8328 F: 802.860.6123

www.oppsvt.org

Opportunities
CREDIT UNION

ACCOUNT SELECTION (Required)

I'd like to open the following accounts:

(Enclose \$10 minimum: \$5 membership fee, \$5 minimum savings deposit PLUS any other deposit amount.)

TOTAL ENCLOSED \$ _____

BASIC SAVINGS Amount \$ _____
 I would like multiple accounts: # _____

CHECKING Amount \$ _____
 I want to add Overdraft Protection

MONEY MARKET Amount \$ _____

REGULAR CERTIFICATE OF DEPOSIT
Term: _____ Months Amount \$ _____

OWNER INFORMATION

Some of our most important programs are funded by grants that require us to provide statistical information to monitor our community economic impact. For this, we depend upon you. You are not required to provide the information, but encouraged to do so. We may note race and sex on the basis of visual observation or surname. *We respect your privacy and do not share or utilize this information for credit decisions.*

Gender Male Female

Marital Status Married/CU Single

Ethnicity Asian Black Hispanic

Native American Pacific Islander

White Other _____

Country of Birth USA

Other Country _____

REFERRAL (Required)

May we use your name in support of Opportunities? Yes No

ORGANIZATION INFORMATION (Required)

Organization (please print): _____

Taxpayer ID# or EIN: _____

Mailing Address: _____

County: _____

City: _____

State: _____

Zip: _____

Street Address: _____

County: _____

City: _____

State: _____

Zip: _____

Contact Person: _____

Organization Web Site: _____

Telephone #: _____

Fax #: _____

Expected Currency Volume:

High Low

Business Type: _____

E-mail: _____

Type of Organization: Corporation Foundation Religious Other nonprofit Bank/Credit Union CDFI Intermediary Non-depository financial institution Federal Gov State/local Gov LLC/Partnership/Other

How did you hear about Opportunities?

Member Name: _____

OPPS CU Staff Name: _____

Advertisement Yellow Pages Tradeshow
 Mailing Internet

Auto Dealer Name: _____

Home Purchase Program Homebuyer Fair
 Homeownership Center Other Realtor
 Manufactured Housing Dealer

Community Action Agency BROC CVOEO
 CVCAC SEVCA NEKCA

Small Business Program SBDC SBA
 MBDP WBC

Disability Program VCIL Voc Rehab
 DAD Other

Social Investor Program VBSR SI Forum
 SI Advisor Other

Energy Program VT Gas Efficiency VT
 VT Electric Co-op Burlington Electric
 Other

Other partner Name: _____

Public Agency: VSHA VHFA VEDA
 Other Housing Authority
 Other: _____

Other Lender: Bank/Credit Union
 Alternative Lender

Other: Specify: _____

AUTHORIZED SIGNERS*Copy of board resolution required with application.***↓↓ SIGNER 1 INFORMATION ↓↓**

Name (please print): _____

Phone: _____

E-mail: _____

↓↓ SIGNER 2 INFORMATION ↓↓

Name (please print): _____

Phone: _____

E-mail: _____

↓↓ SIGNER 3 INFORMATION ↓↓

Name (please print): _____

Phone: _____

E-mail: _____

↓↓ SIGNER 4 INFORMATION ↓↓

Name (please print): _____

Phone: _____

E-mail: _____

SIGNATURES (Required)

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings, Rate and Fee Schedule, the Patriots Act, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge the receipt of the Electronic Funds Transfer Agreement. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

(Instructions to Signers: If you have been notified by the Internal Revenue Service that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that backup withholding has terminated, you must strike out the language in the certification below.)

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS w-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number/Taxpayer Identification number shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

By signing below, I understand that I become an associate member of Opportunities, Inc., Opportunities Credit Union's development partner. As such, I pledge to support community development and wealth building.

Signature _____

Signer 1

Date _____

Signature _____

Signer 2

Date _____

Signature _____

Signer 3

Date _____

Signature _____

Signer 4

Date _____

FOR OFFICE USE ONLY: MEMBER NUMBER _____	Welcome Packet Sent _____ (Initials) _____ (Date)
Date Opened _____	Opened by _____
Eligibility: (circle one) ONE WIN OPPS	Date Closed _____ Close Reason _____
O:NCPS Ver: _____	Corporate Resolution Received _____ (Initials) _____ (Date)
OFAC: ID#:	Other: S2:NCPS Ver: _____ OFAC: ID#:
S3:NCPS Ver: _____	Other: S4:NCPS Ver: _____ OFAC: ID#:
OFAC: ID#:	Other: