



# AACUC Deposit Application

**Important information about 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 the Bank will ask for your name, address, date of birth and other information that will allow the Bank to identify you. The Bank may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## COMPLETE THE INFORMATION

Credit Union Name \_\_\_\_\_ Tax ID Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Address (Please use the physical address and add the PO Box if needed) \_\_\_\_\_

Contact Legal Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Authorized Signors:

1. \_\_\_\_\_  
Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
2. \_\_\_\_\_  
Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
3. \_\_\_\_\_  
Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
4. \_\_\_\_\_  
Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

### Please select the term of the Certificate of Deposit:

12 Month      18 Month      24 Month

PERCENTAGE OF INTEREST DESIGNATED TO AACUC:  50%     75%     100%

Interest Options (Withdrawal of interest will reduce interest yield):  Reinvest    OR    Pay via     Check     ACH

\$ \_\_\_\_\_  
Initial Deposit Amount

\_\_\_\_\_ Account Number to Credit for ACH Deposit

\_\_\_\_\_ Routing instructions if paying via ACH

## ATTACH IMPORTANT DOCUMENTS

Please include a copy of your Charter or Articles of Incorporation and IRS Form W-9.

## RETURN COMPLETED APPLICATION

EMAIL to: Commercial Cash Management: [comcashmgt@ncb.coop](mailto:comcashmgt@ncb.coop)    OR    FAX to: (937) 393-9629    OR    MAIL to:

NCB  
Attn: Commercial Cash  
Management Office  
139 S. High St.  
Hillsboro, OH 45133

Do not send sensitive financial information, such as social security numbers, bank account numbers, or any other similarly sensitive information about yourself or your business, by email without first encrypting it. If you need assistance with encryption, please contact NCB directly.