



# Credit Union Deposit Account 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 type of account you want to utilize:

- Corporate Commercial Checking     Interest Business Checking     Interest Commercial Checking
- Financial Institution Money Market Checking     Other \_\_\_\_\_
- Certificate of Deposit    TERM: \_\_\_\_\_

**CD Interest paid via\*:**  Check     ACH (Routing Instructions) \_\_\_\_\_

\*Withdrawal of interest will reduce interest yield

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

## ATTACH IMPORTANT DOCUMENTS

Please include a copy of your Articles of Incorporation; your Partnership Agreement, Trust Agreement, or other formation documentation; and your Declaration or By Laws or like documentation (U.S. Government recognition) with this application. Also include a copy of your assigned Tax Identification Number (TIN) and Certificate of Good Standing.

## RETURN COMPLETED APPLICATION

**EMAIL to:** deposit\_services@ncb.coop    **OR**    **FAX to:** (937) 393-9629    **OR**    **MAIL to:** NCB  
Attn: Deposit Services 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.