



Membership ~ Business Application

You're not a customer, you're a member and owner of our credit union

Please fill out this short application for membership below. Your signature authorizes Educational Credit Union to verify your information through various means, including Chexsystems, credit bureaus, or other agencies in accordance to the U.S. Patriot Act.

Business Applicant

Name of Business: _____

Type of Business: _____ Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____ Association

Physical Address, City, State, Zip: _____

Mailing Address, City, State, Zip: _____

Phone: _____ TIN: _____

Your signature below indicates that you have read and agreed to the terms and conditions in the Business Visa Check Card Disclosure Form. You also request ECU to issue a Business Visa Check Card to access your account.

ATM Yes/No

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Business Member Application for Authorized Signers

Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Ph.: _____ Cell: _____

E-Mail: _____

SSN: _____ DL#: _____

Current Employer: _____

Authorized Signatures: _____

signature of authorized signer

(Additional Authorized Signers)

Business Member Application for Authorized Signers

Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Ph.: _____ Cell: _____

E-Mail: _____

SSN: _____ DL#: _____

Current Employer: _____

Authorized Signatures: _____
signature of authorized signer

Business Member Application for Authorized Signers

Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Ph.: _____ Cell: _____

E-Mail: _____

SSN: _____ DL#: _____

Current Employer: _____

Authorized Signatures: _____
signature of authorized signer

Business Member Application for Authorized Signers

Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Ph.: _____ Cell: _____

E-Mail: _____

SSN: _____ DL#: _____

Current Employer: _____

Authorized Signatures: _____
signature of authorized signer