

Please review carefully. Your Business Account will be opened only with a completed application along with the required documentation.

Eligibility and Criteria:

- The Entity is within Lutheran FCU's field of membership
- Account must be opened under EIN assigned to business entity
- LFCU requires one partner, member, or officer be listed as an Account Manager for the purpose of authorizing changes to the account
- A minimum of 2 Authorized Signers (not required to be in our field of membership) are required for savings and checking accounts, unless the organization is a sole proprietorship
- This application must be signed by a person authorized within your Bylaws to open a Financial Institution account

Required Documentation:

- Completed and signed Application (attached)
- A Financial Resolution stating approval to establish account(s) (attached)
- Certificate of Incumbency (Secretary or officer in charge of keeping entity's records must sign before a Notary Public) (attached)
- Non-expired, government issued identification for all Authorized Signers to be on the account (i.e., driver's license, passport, military ID, etc.)
- State Registration form for the Congregation/Entity (online registration certificates are acceptable)
- Articles of Incorporation (preferable, but not a must)

LutheranFCU offers a Ministry Classic Credit Card for all LCMS Congregations, Districts, or congregation owned schools and supports multiple card users/holders! This business credit card is offered without requiring a personal guarantor; but instead uses the financials of the entity for approval. Complete Section 2 (starting on page 10) of this document and submit with this Membership application to get the Ministry Classic Credit Card approval process started.

Please email the application along with all requested information to:

operations@lutheranfcu.org, fax to (314) 394-2799, or mail to

10733 Sunset Office Drive Ste. 406 St. Louis, MO 63127

Thank you!

PART 1: GENERAL INFORMATION AND CONGREGATION/BUSINESS ACTIVITY

Type of Business: Corporation		Other (please specify) _____	
Congregation/Entity Name:			
EIN/TIN:		Individual Name Completing Application:	
Physical Address (number, street, and apt or suite n ^o)		City:	State and Zip Code:
Phone:	State in which organization is registered:	Date Registered: _____	
Email address:	Web address:		

PART 2: ACCOUNT SERVICES (CHECK THOSE FOR WHICH YOU ARE APPLYING)

Stewardship Savings Account *(this share account is required to become a member)*

Fellowship Checking Account

Debit Card – available with Checking accounts only

(Please place the names of those that are to have a debit card in his/her name in the boxes below):

1.	2.	3.
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PART 3: ACCOUNT MANAGER – All fields required to be completed.

LFCU requires one person be named to have the authority to make changes/updates to the Membership (e.g. change address or signers, open accounts, etc.) and, if applicable, is authorized to make any changes to the Ministry Classic Credit Card.

Individual's First Name:		Middle Initial:	Last Name:	
LFCU Member Number (if applicable)			Title/Position:	
Residential Address (number, street, and apt or suite no.)			City:	State
				Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:

We are required, by federal law, to obtain, verify, and record information that identifies each congregation/business or individual opening a LFCU Membership. We will ask for your congregation/business legal name, address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide one of the following current forms of identification • US Driver's License • Passport • US Military ID • US Work Visa • Other Government Issued picture ID. **REQUIRED IDENTIFICATION** for the Business entity is listed at the beginning of this form. **LFCU reserves the right to request additional identification.**

PART 4: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only
 Other: Please specify _____

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only
 Other: Please specify _____

PART 4 CONT'D: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:		
LFCU Member Number (if applicable)			Title/Position:			
Residential Address (number, street, and apt or suite no.)				City:		State
						Zip
DOB ____/____/____	Gender:	SSN:	Phone:		Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only
 Other: Please specify _____

Individual's First Name:		Middle Initial:		Last Name:		
LFCU Member Number (if applicable)			Title/Position:			
Residential Address (number, street, and apt or suite no.)				City:		State
						Zip
DOB ____/____/____	Gender:	SSN:	Phone:		Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only
 Other: Please specify _____

PART 5: Information Specific to Business

Corporation:

For a Congregation or an entity within the LCMS as defined in our field of Membership • Account will be opened under the Tax Identification Number supplied and MUST match business name • LFCU requires one partner, member, or officer to be listed as the Account Manager • Authorized signers do not need to be in the field of membership • A Debit Card can be issued to Partners and Authorized Signers

PART 6: Certification and Agreements

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For most entities this is the EIN assigned to the business.

Employer Identification Number (EIN)

Certification - I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise, you may revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3)* I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (4) I am a U.S. person (including a U.S. resident alien).

*I agree to check here if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Agreements: All those of us who must be in your field of membership certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined. Signing below for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the MasterCard Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested or those requested in the future (Online Banking will be immediately accessible). LFCU will send these disclosures (as applicable) via email for your electronic signature. If I am the Account Manager, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information. Each of the persons authorized on the account(s) is duly authorized to act with respect to transacting on the account(s) and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign until the Credit Union receives written instructions to the contrary. Changes in Ownership will require a Business Account Change Form be completed.

Changes to the Membership require Account Manager or Board of Directors authorization. In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further, each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to the Credit Union and agree that LFCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS., In addition each certifies that 1) all necessary steps have been executed to legally establish the business referenced above, and 2) I/We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account. LFCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading.

X _____
Signature of the person authorized by your Bylaws to open a Financial Institution account

Date _____

Financial Resolution

Entity / Organization Name (“Entity”):

Address:

The undersigned attests to have authorization to establish a financial relationship with Lutheran Federal Credit Union in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Entity, and that all of the information provided is true.

WHEREAS, it has been determined that the Entity desires to obtain Membership with Lutheran Federal Credit Union and open a subsequent share account(s) and/or lending products.

BE IT RESOLVED AND AGREED that the Entity will agree to the Membership Disclosures and Agreements and all other terms of Membership of Lutheran Federal Credit Union. In addition, if the Entity requests a lending product, they will agree to and abide by the repayment terms as provided in the signed lending agreements.

_____	_____	X _____
Name	Title	Signature

_____	_____	X _____
Name	Title	Signature

_____	_____	X _____
Name	Title	Signature

Certificate of Incumbency

The undersigned, an Authorized Individual of _____
(Name of Congregation/District/Entity)

(hereinafter "Corporation"), hereby certifies as follows:

1. That he/she is the Secretary or Officer in charge of keeping entity's records, according to the Bylaws of the Corporation.
2. That pursuant to the Corporation's Bylaws, the following named persons were designated and appointed to the offices indicated below, and that said persons do continue to hold such offices at this time, and the signatures set forth opposite the names are the respective genuine signatures. *(Signatures in this section do NOT have to be witnessed by a Notary)*

NAME	SIGNATURE	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. That pursuant to the Corporation's Bylaws, and certain resolutions adopted by the Corporation's Board of Directors, the persons designated to serve in the above-entitled capacity were given sufficient authority to act on behalf of and to bind the Corporation with respect to opening accounts and/or Credit Cards at a Financial Institution, and constitute a legally binding and enforceable obligation of the Corporation.

4. That pursuant to the Corporation's Bylaws, the undersigned has the power and authority to execute this certificate on behalf of the Corporation and that he/she has signed this certificate this _____ day of _____, 20____.

Signature *(witnessed by Notary)*

Printed Name and Title

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20____ and produced _____ as identification.

(Notary Seal)

Notary Public (printed name)

Notary Signature

ACH Authorization Form

We, _____ (Entity's legal name), hereby authorize Lutheran Federal Credit Union to initiate an opening deposit transfer to the following account(s):

Stewardship Savings (Business) _____

Fellowship Checking _____

from the Financial Institution listed below: **(This is a one-time authorization)**

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Routing Number (9 digits) _____

Account Number _____

Checking

Savings

Total Amount to be transferred \$ _____ and allocation to specific accounts (if applicable):

Authorized signature _____

Date _____

Title _____

Once completed, please email to operations@lutheranfcu.org or fax to 314.394.2799

For Internal Use Only

Date processed _____

Processed by _____

Reviewed by _____



Section 2: Ministry Classic Credit Card Application

***Please note: All Entities must become a Member of Lutheran FCU first.**

Once the membership has been established, please prepare the following:

- a. Complete and sign the attached Lutheran FCU “Ministry Classic Credit Card for Entities” Application.
- b. Financial Statements for the previous two (2) completed fiscal years. At a minimum this must consist of Income Statements (Profit & Loss) and Balance Sheets (Assets & Liabilities).

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager must be one of those signers.

Please send the application along with the financial statements to:

Email: Loans@lutheranfcu.org

Fax: (314) 394-2799

Mail: 10733 Sunset Office Drive Ste. 406 St. Louis, MO 63127



Member Statistics (if applicable)

Entity Name:

Already a Member? Please Enter your Member number: _____

Congregation

Last Year

Current year

Communicant Membership

Average Weekly Attendance

Number of Giving Units (If Known)

School or Child Development Center

Number of Students Enrolled

Number of Teachers employed

Assets Owned

Description of Assets

Value

Checking *(Name of Financial Institution)*

Savings Account *(Name of Financial Institution)*

Real Estate Owned *(Address)*

Other <i>(list type of Asset and location)</i>	
Other <i>(list type of Asset and location)</i>	

Liabilities (List all debts in the name of the entity)			
Name of Lender:	Monthly Payment:	Balance:	Type of Loan (ex. Mortgage)
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan

Credit Limit Request
<p>Please list the amount of the credit card request below that the Entity has approved to obtain when the Financial Resolution was signed.</p> <p>Amount Requested (up to \$10,000): \$ _____</p>

Cardholders Requested (first 3 cards free; \$10 each additional)

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Signatures

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager *must* be one of those signers.

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what the entity owes. If there are any important changes, you will notify us in writing immediately. You understand that the Credit Union will rely on the information in this application to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application. The person(s) signing the

application is/are indeed authorized to act on behalf of the borrower. Borrower further grants to Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. By signing below or when any Cardholder listed above uses the card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date