



1630 King Street  
 Alexandria, Virginia 22314-2745  
 703-706-5000 • Fax 703-684-1613

New Account

Change Data other than Signature Update

Signature Update only, use Organization Account Signature Update form.

New Password

**ORGANIZATION ACCOUNT MEMBERSHIP APPLICATION  
 SIGNATURE CARD/RESOLUTION**

INSTRUCTIONS: 1) At least \$1 must accompany a new account application. This is the minimum deposit (one share.) The State Department Federal Credit Union requires an Employer/Taxpayer Identification Number and a deposit of at least \$1 to open a new account. If your organization does not yet have a Tax Identification Number (even if the organization is tax-exempt), you should apply for one using the IRS form SS-4. 2) The authorized signers of the Regular Share Account must be the same as those listed on the Share Checking Account. Each authorized signer must sign all forms/disclosures. 3) The certifications below must be signed by the same officer.

SDFCU Account Number	Tax Identification Number
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Organization Name

Organization Mailing Address

City/Country

I, the undersigned officer of the above named organization, hereby certify that the attached resolutions have been adopted by this organization; that those persons designated below are currently empowered to act under such resolutions authorizing this organization to do business with the State Department Federal Credit Union and that the titles and specimen signatures opposite the names are authentic. I hereby make application for membership in the State Department Federal Credit Union and agree to conform to its rules and regulations and to abide at all times by all the terms of the attached resolutions and the terms governing this account. I wish to apply for SDFCU Online Internet account access and Account 24 bank-by-phone service for this account. If approved, I understand that SDFCU will issue a personal Identification Number (PIN) to the organization for these services. I further understand that an additional password will be required for online access to this account. I also certify that all members (current and potential) of this organization are within the field of membership of the State Department Federal Credit Union. In addition, I understand that the State Department Federal Credit Union may require the written authorization of any two officers in order to close the account. Those authorized to conduct business on this account with the State Department Federal Credit Union are hereby authorized to conduct business on all sub-accounts established under this account number.

OFFICER' SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Federal law requires us to obtain sufficient information to verify the identity of each individual requesting access to credit union services. If an authorized signer is a member of State Department Federal Credit Union in his/her own right please provide that individual's account number to expedite verification of identity: Name, Residence Address (No P.O. Box except APO/FPO), Social Security Number, Date of Birth, Driver's License Number and State of Issuance (if applicable). [Click here for additional signers](#) and provide the same information below for each additional signer.**

Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
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Address	Signer's Account #	Signature
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Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
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Address	Signer's Account #	Signature
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Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
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Address	Signer's Account #	Signature
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**RESOLUTIONS FOR AN ORGANIZATION OR CORPORATION ACCOUNT**

Name of Organization: \_\_\_\_\_

I, the undersigned officer of the above named Organization or Corporation (hereinafter called "this organization"), hereby certify that the attached resolutions represent a true copy of the resolutions adopted by the governing body of this organization, at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at which a quorum was present and that such resolutions have not been rescinded or modified and are now in full force and effect.

OFFICER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN)**

THIS SECTION MUST BE COMPLETED BY ALL ORGANIZATIONS REGARDLESS OF TAX-EXEMPT STATUS  
 By signing below, I certify in accordance with the provisions in section 3406 (a)(1)(c) of the Internal Revenue Code and under penalties of perjury that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown above is the organization's correct identification number and that the organization is NOT, unless checked below, subject to backup withholding because I have not been notified by the Internal Revenue Service that the organization is subject to backup withholding as a result of failing to report all interest or dividends, or the IRS has notified me that the organization is no longer subject to backup withholding.

The organization is a "U.S. person" as defined by the IRS.

**Check if either applies to the organization:**

The organization is subject to backup withholding       The organization is exempt from paying taxes

OFFICER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
 (SDFCU Membership Officer)



“Resolved,

1. that the State Department Federal Credit Union located at 1630 King Street, Alexandria, Virginia 22314 (hereinafter called “Credit Union”) is designated as a depository of this organization;
2. that an authorized officer of this organization is directed to act so that a regular share account and any sub-accounts thereunder will be opened with the Credit Union and properly maintained in the name of this organization;
3. that all checks, drafts, or other orders for the payment of money from said accounts be signed by one of the officers as authorized on the signature card and any one of such officers is authorized to endorse all notes, drafts, checks, bills, certificates of deposit, or other items payable to, owned or held by this organization for deposit in said accounts and to accept drafts and offer items payable to the Credit Union; and
4. that protest of any check, bill, or other items made, drawn, or endorsed by or to the order of this organization is hereby waived.

“BE IT FURTHER RESOLVED that the Credit Union is hereby directed to accept and pay without further inquiry any note, draft, or check against said accounts bearing a signature or the signatures of an authorized signer or signers even though drawn or endorsed to the order of any signer signing the same or tendered by such signer for cashing or in payment of an individual obligation of such signer or for deposit to his/her personal account, and the Credit Union shall not be required or under any obligation to inquire as to the circumstances of the issue or use of any items signed in accordance with the foregoing resolution or the application, or disposition of such item or the proceeds thereof.

“IT IS ALSO RESOLVED that all notes or other evidences of indebtedness of this organization to the Credit Union shall be signed by either (1) two authorized account signers of this organization, or (2) any person(s) authorized by the organization’s bylaws to make loans from the Credit Union from time to time for credit to the account of this organization or for other uses, evidencing the obligation of this organization to repay such loans by signing notes and to convey to or pledge to the Credit Union such shareholdings owned and held by this organization as may be required by the Credit Union for such loans.

“IT IS ALSO RESOLVED that the authorized officer shall certify to the Credit Union the names of the present and duly qualified signers of this organization and shall at least annually certify to the Credit Union whether or not there have been any changes in the personnel of said signers. The Credit Union shall be fully protected and rely upon such certifications of the authorized officer and shall be indemnified and held harmless by the organization from any claims, demands, expenses, losses or damages resulting from or growing out of honoring the signature of any signer so certified or refusing to honor any signature not so certified.

“IT IS ALSO RESOLVED that the foregoing resolution shall remain in full force and effect until written notice of an amendment or rescission shall have been received by the Credit Union and the receipt of such notice shall not affect action taken by the Credit Union prior thereto; and that the authorized officer be and is hereby authorized and directed to certify to the Credit Union the foregoing resolution and that the provisions thereof are in conformity with the constitution, articles, rules and bylaws of this organization.”

I FURTHER CERTIFY that the above named governing body is that body of this organization authorized to adopt these resolutions and the powers therein granted conform to the constitution, articles, rules and bylaws of this organization now in full force and effect.

I FURTHER CERTIFY that this organization assumes full responsibility for any and all payments made by the Credit union and their reliance upon the signature of any person or persons named above. The organization agrees to indemnify and hold harmless the Credit Union against any and all loss, cost, damage, or expense suffered or incurred by the Credit Union arising out of the unlawful or unauthorized use by any person of such facsimile signature or signatures.



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**ADDITIONAL SIGNATURES  
 ORGANIZATION ACCOUNT MEMBERSHIP**

Organization's Name		Account Number
Organization's Mailing Address		
Tax Identification Number	Phone Number - (Please include country code if applicable)	Organization Contact
<p>I, the undersigned officer of the above named organization, hereby certify that the attached resolutions have been adopted by this organization; that those persons designated below are currently empowered to act under such resolutions authorizing this organization to do business with the State Department Federal Credit Union and that the titles and specimen signatures opposite the names are authentic. I hereby make application for membership in the State Department Federal Credit Union and agree to conform to its rules and regulations and to abide at all times by all the terms of the attached resolutions and the terms governing this account. I wish to apply for SDFCU Online Internet account access and <i>Account 24</i> bank-by-phone service for this account. If approved, I understand that SDFCU will issue a personal Identification Number (PIN) to the organization for these services. I further understand that an additional password will be required for online access to this account. I also certify that all members (current and potential) of this organization are within the field of membership of the State Department Federal Credit Union. In addition, I understand that the State Department Federal Credit Union may require the written authorization of any two officers in order to close the account. Those authorized to conduct business on this account with the State Department Federal Credit Union are hereby authorized to conduct business on all sub-accounts established under this account number.</p>		
OFFICER'S SIGNATURE: _____		Date: _____

**Federal law requires us to obtain sufficient information to verify the identity of each individual requesting access to credit union services. If an authorized signer is a member of State Department Federal Credit Union in his/her own right please provide that individual's account number to expedite verification of identity. For each authorized signer who is not a member of the credit union please provide the following information to expedite verification of identity: Name, Residence Address (No P.O. Box except APO/FPO), Social Security Number, Date of Birth, Driver's License Number and State of Issuance (if applicable).**

Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
Address	Signer's Account #	Signature
Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
Address	Signer's Account #	Signature
Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
Address	Signer's Account #	Signature
Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
Address	Signer's Account #	Signature
Name	Social Security Number / Date of Birth	Driver's License or D.O.S. ID #
Address	Signer's Account #	Signature

**Authorization**

I, the undersigned Officer of the above named organization, hereby certify that the above named persons are currently authorized to conduct business on any and all subaccounts of this account.

\_\_\_\_\_ Officer's Signature \_\_\_\_\_ Date

APPROVED BY: _____ (SDFCU Membership Officer)	Date: _____
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**State Department Federal Credit Union  
MSB and UIGEA Questionnaire**

**Money Service Business (MSB)**

Please answer the following questions to help determine if your organization is a MSB.

**Is your organization involved in any of the following:**

**1. Currency Dealer or currency exchanger:**

Yes

No

**2. Check Cashing:**

Yes

No

**3. Issuer, seller, or redeemer of Traveler's Checks or money orders:**

Yes

No

If you answered "Yes" to any of the above questions answer question 4, otherwise move on to question 5.

**4. Does your organization engage in transaction greater than \$1,000 for any person on any one day in one or more transactions of the types in questions 1-3?**

Yes, and we are a registered MSB

Yes, but we have not registered as a MSB

No

**5. Is your organization involved in/provide any of the following:** By conducting either of these services your organization is considered an MSB.

Money Transmittal Services

Prepaid Access

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If based on your answers to the MSB questions you' re considered an MSB you must register with the Federal government using FinCEN Form 107 Registration of Money Service Business. SDFCU will need copies of your MSB registration and Anti-Money Laundering policies prior to opening your account. For more information on MSBs visit [www.fincen.gov](http://www.fincen.gov).

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## Unlawful Internet Gambling Enforcement Act (UIGEA)

**Does your organization engage in internet gambling?** Defined as placing, receiving or otherwise knowingly transmitting a bet or wager which involves, at least in part, the internet.

Yes

No

If you answered yes to the above question you will need to provide SDFCU with the following

- Business license expressly authorizing the organization to engage in an internet gambling business.

- A written commitment by the organization officers to notify SDFCU of its legal authority to engage in its internet gambling business.

- A third party certification stating the organization's system for engaging in internet gambling business is reasonably designed to ensure the business stays within its licensed internet gambling business, or otherwise lawful limits, including with respect to age and location verification.

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Organization Name:

I, the undersigned officer of the above named organization, hereby certify that this form has been completed accurately and with good faith.

Officer's Signature:

Officer's Name and Title:

Date

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