Business Service Agreement



250 Murphy Road Hartford, CT, 06114 Phone: 860-560-9036 www.mdecu.org

Name of Business or Organization					
Name of Business or Organization		Phone Numb	per(s)	NAICS Code	
Address	City	State ZIP	Taxpayer ID	Number E-mail	
Mailing Address (if different from Ad	ddress) City	State ZIP	Type of Busin	ness/Org. Registration/Licen	se No. Account Password
ACCOUNT(S)	Savings	Checking			
SERVICE(S) Debit Card	Audio Respo	onse Online Banking	eStatements	Mobile Rem	note Deposit
REPRESENTATIVE(S) INFOR	RMATION (A representation	ve may start, conduct transactions, change	add and terminate an accoun	t, product or service for the business or o	rganization.)
Representative 1 Name	Title	Address		City	State ZIP C
		-			
Home Phone Mob	pile Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & I	Issue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
Representative 2 Name	Title	Address		City	State ZIP C
Home Phone Mob	oile Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & I	Ssue and Exp. Date	Employer/Retired From	Work Phone	Occupation/Profession	Mother's Maiden Name
Sive o Election States, Named & E	and the tape bate	zmpoyelyttetiled 110m		оссирация, положи	. iociici o i iociacii italiic
Representative 3 Name	Title	Address		City	State ZIP C
		Social Security Number	Date of Birth	E-mail Address	
Home Phone Mob	pile Phone				
Beneficial Owner 1 Name Title TAX INFORMATION CERTIF Identification Number (EIN) shown is r fied by the IRS that I am subject to bac I am subject to backup withholding ACKNOWLEDGMENT The busin	Date of Birth ICATION By signing my/the correct identificatio ckup withholding as a res	n number and (iii) I am NOT, unles ult of a failure to report all dividends ☐ Exempt (Exempt Payee Code _ applies to be a member of Metropoli	ury that: (i) I am a US citizes designated below, subjection or interest, or because the) an District Employees' Cre	ret to backup withholding because e IRS has notified me that I am no I am not a United States c edit Union ("we", "us" & "our"), and	I am exempt or I have not been no longer subject to backup withholdii titizen or resident (complete W-8 for authorizes its representative(s) to
Beneficial Owner 1 Name Title TAX INFORMATION CERTIF Identification Number (EIN) shown is noted by the IRS that I am subject to back the Iran su	Date of Birth ICATION By signing my/the correct identification ckup withholding as a resultification of according to our Business Part 1 form, and acknowlear ecords, comprise the term tification, and note the beryour eligibility for member rate, and that this Part 1 haionship with us. You agree as we allow, and those characteristics and that the part 1 haionship with us. You agree that each represe as we allow, and those characteristics are that each represe authority & Liability below a factor of Birthold and the second of the property of the part of the property of the part of the property of the part of the property of the pro	Social Security No. Address/tbelow, I certify under penalties of pern number and (iii) I am NOT, unles ult of a failure to report all dividends Exempt (Exempt Payee Code applies to be a member of Metropoli Service Agreement (the BSA Parts of the BSA). Part 2 has been emaleficial owners and control person of the second of t	City/State/ZIP Lary that: (i) I am a US citizes designated below, subject or interest, or because the subject of interest, or because the subject of 20. The business or or 20. The BSA, which included to Representative 1's ne business or organizationes we may offer. To serve subject on the subject of the subject on the subject of the	en or other US person, (ii) the Social ct to backup withholding because e IRS has notified me that I am no I am not a United States cedit Union ("we", "us" & "our"), and ganization and its representative(s) udes the Electronic Funds Transfer, address if provided. To identify and n. We may also obtain and use cred by your currency needs, we may require the BSA governs membership and an any other documentation. We may estions or obtain a copy of the BSA for membership at any time according half of you for the accounts, productesentative may conduct transaction.	ID I Security Number (SSN)/Employer I am exempt or I have not been in longer subject to backup withhold sitizen or resident (complete W-8 for authorizes its representative(s) to ("you" & "your") request the accour Funds Availability and Rate & Charg provide you with excellent service, it and account reports on the busine ire additional information from you. I current and future accounts, producy change the BSA, and you may marom us during business hours and Fig to the BSA.
Beneficial Owner 1 Name Title TAX INFORMATION CERTIFING THE Identification Number (EIN) shown is refied by the IRS that I am subject to backup withholding	Date of Birth ICATION By signing my/the correct identificatio ckup withholding as a res ness or organization is or according to our Business Part 1 form, and acknowler records, comprise the term tification, and note the ber your eligibility for members rate, and that this Part 1 he ionship with us. You agree as we allow, and those cha. You may start, maintain, a agree that each represe authority & Liability below a boducts and services, on by you have or that we may be us to opt out of these call less or organization to be a lunteer, fiduciary and othe You understand and agree we must notify us of any of are not liable for any loss engaging in any such bus yournern (or former) represe may require a Part 1 to be any require any require a Part 1 to be any require a Part 1 to be any require any require a Part 1 to be any require	Social Security No. Address/below, I certify under penalties of perm number and (iii) I am NOT, unles ult of a failure to report all dividends □ Exempt (Exempt Payee Code _ applies to be a member of Metropoli Service Agreement (the BSA Parts degreeceiving or being offered the Parts of the BSA). Part 2 has been emaineficial owners and control person of the ship and accounts, products and services as been completed according to your we may rely solely on the BSA and I anges and additions are binding on your eview, change, add or terminate an antative named in Part 1 of the BSA and as explained in the Part 2 of the Eighalf of the business or organization offer. Calls may include autodialed, ps. You affirm that the account(s), product(s) are rauthorized person (as applicable) ver that the authority given to a representance to any aspect of the business used due to the failure to timely notify siness in the future. You and each resentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative upon which we rely before the notarized or re-completed and re-sentative	City/State/ZIP Lary that: (i) I am a US citize of designated below, subject or interest, or because the subject of interest, or because the subject of the BSA, which included to Representative 1's he business or organization ces we may offer. To serve nitructions. You understan have no obligation to rely on the subject of the subject	en or other US person, (ii) the Social cot to backup withholding because to IRS has notified me that I am not a United States of the IRS has notified me that I am not a United States of the IRS has notified me that I am not a United States of the IRS has notified me that I am not a United States of the IRS has not IR	ID I Security Number (SSN)/Employer I am exempt or I have not been not longer subject to backup withholditizen or resident (complete W-8 for authorizes its representative(s) to ("you" & "your") request the accourfunds Availability and Rate & Charging provide you with excellent service, it and account reports on the busine ire additional information from you. You current and future accounts, product you hange the BSA, and you may may may may be during business hours and Popton to the BSA. Its and services with us based on the son and take action to start, maintailed for membership, accounts, production, and that the name provided is are, principal, owner, member, managed and currently exists. will remain in full force until we recent action that affects the BSA when the does not engage in internet gamble and hold us harmless from any claim the business or organization. To assunt, product or service, or by receipt and hold or the service, or by receipt and the service and the service, or by receipt and the service and the se
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