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UNINCORPORATED ORGANIZATION/ASSOCIATION ACCOUNT REQUIREMENTS

Thank you for your interest in opening an organization account with Air Academy Federal Credit Union [AAFCU]. We have prepared the following checklist to assist you in opening your account. Please read this form carefully and provide all of the required information. We may not be able to open the account with incomplete information.

Name of Organization: _____

Business Contact: Name _____ **Phone** _____ **Email** _____

Federal law, specifically the Unlawful Internet Gambling Enforcement Act of 2006 and implementing regulations, prohibit business members from receiving deposits or other credits of any kind relating to their operation of an illegal Internet gambling business. Air Academy Federal Credit Union is required to enforce the prohibition.

Does your business place, receive, or otherwise knowingly transmit any bets or wagers by any means? **Yes No**
If yes, does such activity by your business involve in any way the use of the Internet? **Yes No**

Is your business a supplier, producer, seller or otherwise a receiver of funds or products that are related in any fashion or form to the Marijuana industry? **Yes No**

REQUIRED FORMS:

The following is a list of items needed to open an organization account with AAFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Colorado Trade Name Registration, or Constitution (or other document establishing the organization), or letter from military unit.**
- Organizations with an existing account will need to provide a letter signed by an elected officer or commander designating all new account signers (on letterhead if military)**
- Employer Identification Number (EIN) you received from the IRS.** We need one of the following: An IRS tax ID provisional form, the application for EIN (SS-4), the EIN registration (SS-4), TT&L coupon or other source document provided by the IRS. Go to www.irs.gov for more information.
- Valid government-issued photo identification and proof of address (if current address is different from government-issued photo identification) for the officer opening the account and each additional authorized signer. Copies must be provided for each listed individual.**

BANK SECRECY ACT INFORMATION

In accordance with the Bank Secrecy Act, the National Credit Union Administration requires us to obtain the following information, as well as receive periodic updates. All names and Social Security Numbers will be checked against standard databases used by U.S. financial institutions.

OFFICERS OF YOUR ORGANIZATION:

Please fill in the names and Social Security Numbers of all officers of your organization. Also indicate whether the officer will be a signer on the account. If you have more than 5 officers, please attach a sheet with all of the officers using the format in the table. **Two signers are required to open and maintain an Unincorporated Organization/Association Account.**

Officer's Name & SSN	Account Signer	
President	Yes	No
Vice President	Yes	No
Secretary	Yes	No
Treasurer	Yes	No
Additional Officer's Name & SSN	Account Signer	
Other	Yes	No
Other	Yes	No
Other	Yes	No

GOVERNMENTAL AUTHORITY UNDER WHOSE LAWS THE ENTITY WAS FORMED:

- STATE _____
- OTHER GOVERNMENTAL AUTHORITY _____

INTERNAL REVIEW _____ DATE _____

BSA Information (Organization)

Account # _____ Name of Organization _____

Is your Organization a Non-Profit 501(c)(3)? () Yes () No

Do you depend, in whole or in part, on charitable donations and voluntary service for support?

() Yes () No

If "Yes", in what country is your organization chartered?

If "Yes", do you have donors or volunteers from non-US countries?

Purpose of your organization (be specific) _____

Anticipated annual revenues (estimate) _____

Who are your targeted customers? _____

How much will you typically keep in your business account? \$ _____

Will your account be used for any of the following? Check all that apply.

General Operating Funds () Payroll () Savings () Credit Card Processing ()

IOLTA/IOLA () Lottery () Private Banking () Private Label Credit Cards ()

Postage Remittance () Pooled Investments () Equipment Purchases/Leases ()

Issuing Insurance () Other (please describe) () _____

How many cash deposits or withdrawals will you complete per month?

Deposits: Transaction Count # _____ Largest Transaction \$ _____ Total _____

Withdrawals: Transaction Count # _____ Largest Transaction \$ _____ Total _____

Will you be using a courier or armored car service to complete your cash transactions? () Yes () No

Does your company offer courier or armored car services to ship currency on your customer's behalf?

() Yes () No

Will you be processing transactions that benefit a third party or complete third-party payment processing?

() Yes () No

Will you accept debit/credit cards? () Yes () No

How many checks will you write or deposit on a monthly basis?

Write for your business # _____ Largest Transaction \$ _____ Total \$ _____

Deposit into your business # _____ Largest Transaction \$ _____ Total \$ _____

Will you send or receive ACH or electronic transfers on a monthly basis? (These are transactions based off of your routing and account number, such as payroll, card processing system transactions, credit card payments, etc.) () Yes () No

If "Yes", complete the following information:

Incoming: # _____ Largest Transaction \$ _____ Total \$ _____
Outgoing: # _____ Largest Transaction \$ _____ Total \$ _____

Will you send or receive Wire Transfers on a monthly basis? () Yes () No

If "Yes", complete the following information:

Incoming: # _____ Largest Single Transaction \$ _____ Total \$ _____
Outgoing: # _____ Largest Single Transaction \$ _____ Total \$ _____

International Incoming: # _____ Largest Single Transaction \$ _____ Total \$ _____
International Outgoing: # _____ Largest Single Transaction \$ _____ Total \$ _____

Do you own, operate, or service ATM machines? () Yes () No

If "Yes", complete the following information:

Attach a separate sheet, if applicable or needed

Source of funds being withdrawn

Number of ATMs, sizes, and locations

Currency delivery arrangements, if applicable

Do you issue or redeem:

Money Orders >\$1,000 per person per day? () Yes () No

Travelers Cheques >\$1,000 per person per day? () Yes () No

Stored Value Cards >\$1,000 per person per day? () Yes () No

Do you exchange currency for customers >\$1,000 per person per day? () Yes () No

Do you cash checks for your customers >\$1,000 per person per day? () Yes () No

Do you transmit money for your customers? () Yes () No

CERTIFICATE OF EXISTENCE AND AUTHORITY:

I hereby certify that: 1) the information provided on the Business/Organization Master Membership Application & Agreement and this form is true and accurate, to the best of my knowledge and belief; and 2) the governing body of the organization opening the account has duly taken all action legally required to open the account in the name of the organization.

SIGNATURE _____

PRINTED NAME _____

TITLE _____

DATE _____