

SPROUT ORGANIZATION APPLICATION

www.catholicunitedCU.org

IMPORTANT INFORMATION

We are required, by federal law, to obtain, verify, and record information that identifies each business or individual opening a Catholic United Financial Credit Union membership. We will ask for your business legal name, business address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both, you need only submit that one: US Driver's License, US Social Security Card, Passport, US Military ID, US Work Visa, or Other Government Issued picture ID (2nd ID always required). We reserve the right to request additional identification.



ORGANIZATION TYPE

Catholic School Catholic Church Other Non-Profit Organization

REQUIRED DOCUMENTS FOR NON-PROFIT ORGANIZATIONS

- 1) Completed and signed Sprout Organization Application.
- 2) A charter, Articles of Organization, or similar document showing when your organization was formed and elected Officers.
- 3) Government-issued photo ID and SSNs for anyone authorized to make transactions on behalf of your organization.

ORGANIZATION INFORMATION

FEDERAL TAX ID / EIN: _____ DATE/YEAR ESTABLISHED: _____

LEGAL NAME OF ORGANIZATION: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF EMPLOYEES: _____ NUMBER OF STUDENTS: _____ NUMBER OF PARISHIONERS: _____

PURPOSE OF YOUR ACCOUNT? Fundraising Savings Operational Other _____

DO YOU HAVE ACCOUNTS WITH ANOTHER BANK OR CREDIT UNION? Yes No

IF YES, WHERE? _____

SELECT YOUR PRODUCTS & SERVICES

REQUIRED FOR MEMBERSHIP

Membership Savings (\$10 minimum balance)

SAVINGS – CHOOSE ONE - REQUIRED

Organization Savings (No min balance)

Organization Money Market Savings (\$5,000 min balance)

CHECKING

Organization Checking

Visa Debit Card

Checks

ONLINE SERVICES

Paper Statements (Default - \$2 fee)

eStatements (Free – Enroll online)

Online Banking

Bill Pay

Mobile Banking App

Mobile Deposit

OTHER SERVICES

Wire Transfers

Cash Deposits

SIGNER #1 INFORMATION (Must include a copy of Driver’s License or Government-issued Photo ID)

SSN: _____ DATE OF BIRTH: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

MOTHER’S MAIDEN NAME: _____ EMAIL ADDRESS: _____

DRIVER’S LICENSE / ID NUMBER: _____ STATE: _____

EMPLOYER: _____ TITLE: _____

DOES THIS INDIVIDUAL NEED A DEBIT CARD? Yes No

AUTHORIZED SIGNER #1 PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

SIGNER #2 INFORMATION (Must include a copy of Driver’s License or Government-issued Photo ID)

SSN: _____ DATE OF BIRTH: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

MOTHER’S MAIDEN NAME: _____ EMAIL ADDRESS: _____

DRIVER’S LICENSE / ID NUMBER: _____ STATE: _____

EMPLOYER: _____ TITLE: _____

DOES THIS INDIVIDUAL NEED A DEBIT CARD? Yes No

AUTHORIZED SIGNER #2 PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

(If additional signers are required by your organization, please copy this page, and add additional signers.)

FOR OFFICE USE ONLY: RECEIVED BY: _____ DATE: _____