



Student Organization New Account Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for the entity's name, address, taxpayer identification number and other information that will allow us to identify the entity and any individual who is authorized to sign on behalf of the entity. We will ask to see the entity's governing documents, and in some cases, any signatory's driver's license or other identifying documents.

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Services Provided:

Deposit Account (s)  savings  checking  
 other \_\_\_\_\_

Amount of opening deposit \$ \_\_\_\_\_ Acct# \_\_\_\_\_

Source of Funds  cash  check  EFT  Internal transfer acct # \_\_\_\_\_

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Name of Entity/Organization \_\_\_\_\_

Taxpayer ID# \_\_\_\_\_

Business Address/Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Place of Organization \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email \_\_\_\_\_

Type of Identification given:  Governing Documents  
 Other

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

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The information set forth in this card is correct. On behalf of the entity named above, I hereby authorize you to check any information with respect to the entity including obtaining a credit report.

\_\_\_\_\_  
Print Name and title of authorized person

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Print Name and title of authorized person

\_\_\_\_\_  
Signature of authorized person

1. Name of Signatory \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_  
(PO Box holders (except military personnel) must furnish residential address as well as mailing address).  
City/Town \_\_\_\_\_ State \_\_\_\_ Zip+4 \_\_\_\_/\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of ID Given: \_\_\_ Driver's License \_\_\_ Passport \_\_\_ Alien ID Card \_\_\_ Other  
ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expir Date \_\_\_\_\_  
City/State/Country of Issue \_\_\_\_\_

I certify that the information above is correct. I hereby authorize you to obtain a consumer report on me.

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature

2. Name of Signatory \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_  
(PO Box holders (except military personnel) must furnish residential address as well as mailing address).  
City/Town \_\_\_\_\_ State \_\_\_\_ Zip+4 \_\_\_\_/\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of ID Given: \_\_\_ Driver's License \_\_\_ Passport \_\_\_ Alien ID Card \_\_\_ Other  
ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expir Date \_\_\_\_\_  
City/State/Country of Issue \_\_\_\_\_

I certify that the information above is correct. I hereby authorize you to obtain a consumer report on me.

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature

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**Certification of Taxpayer Identification Number (T.I.N)**

Under penalties of perjury, I certify that

- 1. the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. person (including a U.S. resident alien). If you are a foreign person, use the appropriate Form W-8

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Or

Employer ID Number \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**For Depository Institution Use Only** – Information Verification: Employee Name and Date. I certify that I checked the identification listed above with respect to each person named above.

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

I certify that I have checked all government issued lists of terrorists or terrorists organizations required by law (e.g., OFAC list) and that I \_\_\_did \_\_\_did not find any matches with the above name(s).

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_ Initials \_\_\_\_\_