State ECU Business Account Information Form



Part 1: General Information and Business Type

Check one:			
Sole Proprietor	C Corporation	S Corporation	Partnership
Non Profit Organization			
Business Information			
Business Name	Individual	Name	
Physical Business Address (number, street, and a	pt or suite no.)		
City	State	Zip	
Mailing Business Address if different than Physica	al Address(number, st	reet, and apt or suite	no.)
City	State	Zip	
Business Phone	State in which Busine	ess is Registered	Date of Registration
Email Address	Web Addre	255	
Business Industry - Be Specific (i.e. car dealership	o, convenience store,	restaurant, ect.)	

Part 2: Account Owners

Individual's First Name	Middle Name	Last Name	
SECU Member Number (if applicable)			
Residential Address (number, street, and a	pt or suite no.)		
City	State	Zip	
DOB	SSN	Phone	
Email Address	Moth	Mother's Maiden Last Name	
Individual's First Name	Middle Name	Last Name	
SECU Member Number (if applicable)			
Residential Address (number, street, and a	pt or suite no.)		
City	State	Zip	
DOB	SSN	Phone	
Email Address	Moth	ner's Maiden Last Name	

Part 3: Additional Authorized Signatory(ies)

Individual's First Name	Middle Name	Last Name	
SECU Member Number (if applicab	le)		
Residential Address (number, stree	t, and apt or suite no.)		
City	State	Zip	
Phone	DOB	Email	
This Individual should have acces	s to:		
All Accounts All Sav	vings Only All Checkin	ng Only Account #	Only
Individual's First Name	Middle Name	Last Name	
SECU Member Number (if applicab	le)		
Residential Address (number, stree	t, and apt or suite no.)		
City	State	Zip	
Phone	DOB	Email	
This Individual should have acces	s to:		
All Accounts All Sav	vings Only All Checkin	ng Only Account #	Only

Part 4: Beneficial Owner

	Middle Name	Last Name
% of Ownership	Social Security Number (If beneficia	I owner is not a State ECU member)
SECU Member Number (if app	olicable)	
Residential Address (number,	street, and apt or suite no.)	
City	State	Zip
Phone	DOB	Email
Individual's First Name	Middle Name	Last Name
% of Ownership	Social Security Number (If beneficia	al owner is not a State ECU member)
		Il owner is not a State ECU member)
SECU Member Number (if app	plicable)	Il owner is not a State ECU member)
% of Ownership SECU Member Number (if app Residential Address (number, City	plicable)	al owner is not a State ECU member)

Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining)