



Membership

Associate Member Application

and Certification of Adoption of Membership and Membership Capital Account Resolution (Network Affiliate)

Required Information

Organization Name _____

Physical Address _____
(City) (State) (Zip)

Mailing Address _____
(City) (State) (Zip)

Phone Number _____ Fax _____ Website _____

Pursuant to a resolution of its Board of Directors, a true copy of which shall be submitted within 45 days from the date of the Associate Membership Application, the Organization hereby makes application for membership in CORPORATE ONE FEDERAL CREDIT UNION ("Corporate One"); and it agrees to subscribe for at least one membership share (\$5.00), and to comply with all of the rules and regulations of Corporate One which are applicable to the accounts and activities of this Organization.

By: _____ (Print Name) Its: _____ (Title)

_____ (Signature) Date: _____

_____ (Email Address)

Additional Required Information

Federal regulators suggest that financial institutions incorporate a number of principles into their business practices as part of a Bank Secrecy Act/Anti-Money Laundering compliance program. Our member due diligence efforts are designed to be in compliance with the Interagency Bank Secrecy Act/Anti-Money Laundering Examination Manual.

Tax ID Number _____ What type(s) of customers does your organization serve? _____

Will you be using Corporate One to place International Wires?
 Yes No If yes, what is your anticipated \$/Volume? _____

Will you be using Corporate One to originate cross-border ACH (IAT) transactions?
 Yes No If yes, what is your anticipated \$/Volume? _____

Note: Please submit the first page of the Associate Member Application (Attn: Marketing Administration) via mail or fax (614/825-9239) for immediate processing. Page 2 (Resolution for Membership) must be received within 45 days thereafter.

