

Registered Student Organization (RSO) Account Application



517-333-2424, ext. 4848 | 800-678-4968
msufcu.org

Mail completed application to:

MSUFCU: Business Services, PO Box 1208, East Lansing, MI 48826-1208

ACCT (office use only)	Initial Funding		
Date	Application requires a mandatory \$5.00 deposit to your business savings account. Checks should be made payable to MSU Federal Credit Union.	<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Transfer funds from existing MSUFCU account number and Share ID _____
		<input type="checkbox"/> Amount to transfer \$ _____	
<input type="checkbox"/> New account <input type="checkbox"/> Add RSO checking <input type="checkbox"/> Add/Change Advisors or Responsible Individuals		Eligibility	
		The student organization must be registered with its respective university and appear on the list of Student Groups on the university's website to be eligible for membership and open an RSO account. Should the RSO's registration with its respective university lapse and MSUFCU becomes aware of the status change, the RSO checking account will be converted to a Small Business Checking account. The RSO will also be required to provide a Taxpayer Identification Number (TIN) for tax reporting purposes. At least one student registered with the organization through the respective university must be on the account as a Responsible Individual. An Advisor is also required and must be the person registered as such with the student organization on the respective university's Student Group website. All Responsible Individuals on the account must sign and all of the Responsible Individual's personal or individual accounts must be in good standing. MSUFCU will notify the Department of Student Life of any RSO account not held in good standing.	

Section A - Registered Student Organization Information			
RSO Name (please print)	Nature of RSO	RSO TIN	
Email Address	Phone No.	Alternate Phone No.	
RSO Street Address	City	State	ZIP

Section B - Responsible Individuals and Advisor				
Responsible Individual: An RSO officer who will be fully liable for the account, has access to all shares, has the authority to conduct transactions, make changes to the account structure, add or remove services, and is authorized to close the account.				
Advisor: An individual who will have no access to shares and no authority to conduct transactions on behalf of the RSO. The Advisor will not be personally liable for the obligations of the RSO. The Advisor will serve as a stable point of contact for the Credit Union and will be responsible to know the status of the Responsible Individuals and the RSO with the respective University.				
Name	Address	City	State	ZIP
Phone No. (Home/Mobile)	Phone No. (Work)	Email Address		
Social Security No.	Driver's License No. / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual (choose one) <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine®: <input type="checkbox"/> Full Access <input type="checkbox"/> None (choose one) <input type="checkbox"/> Inquiry Only		
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Permanent Resident) <input type="checkbox"/> Nonresident Alien (Temporary Resident)				
Are you an existing MSUFCU member : <input type="checkbox"/> Yes <input type="checkbox"/> No				

Application continued on next page

Section B - Responsible Individuals and Advisor Continued

Name	Address	City	State	ZIP
Phone No. (Home/Mobile)	Phone No. (Work)	Email Address		
Social Security No.	Driver's License No. / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual (choose one) <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine®: <input type="checkbox"/> Full Access <input type="checkbox"/> None (choose one) <input type="checkbox"/> Inquiry Only		
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Permanent Resident) <input type="checkbox"/> Nonresident Alien (Temporary Resident)				
Are you an existing MSUFCU member : <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name	Address	City	State	ZIP
Phone No. (Home/Mobile)	Phone No. (Work)	Email Address		
Social Security No.	Driver's License No. / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual (choose one) <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine®: <input type="checkbox"/> Full Access <input type="checkbox"/> None (choose one) <input type="checkbox"/> Inquiry Only		
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Permanent Resident) <input type="checkbox"/> Nonresident Alien (Temporary Resident)				
Are you an existing MSUFCU member : <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name	Address	City	State	ZIP
Phone No. (Home/Mobile)	Phone No. (Work)	Email Address		
Social Security No.	Driver's License No. / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual (choose one) <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine®: <input type="checkbox"/> Full Access <input type="checkbox"/> None (choose one) <input type="checkbox"/> Inquiry Only		
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Permanent Resident) <input type="checkbox"/> Nonresident Alien (Temporary Resident)				
Are you an existing Credit Union member : <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section C - Account Information and Preferences

Notices: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper	Statements: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper	<input type="checkbox"/> RSO Checking – By checking this box I/we hereby apply for an RSO Checking account.	<input type="checkbox"/> Check here if you would like to order checks.	Date ordered <i>(office use only)</i> / /
Do you plan to make large cash deposits of \$10,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the average monthly dollar amount? <hr/>	Do you plan to make large cash withdrawals of \$10,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the average monthly dollar amount? <hr/>	Do you plan to use the wire transfer service? <input type="checkbox"/> Yes, domestic only <input type="checkbox"/> Yes, international only <input type="checkbox"/> Yes, domestic and international <input type="checkbox"/> No If international wire transfers are expected, list countries below? <hr/> For the countries listed above, we will be: (check all applicable boxes) <input type="checkbox"/> Sending Wires <input type="checkbox"/> Receiving Wires		
Does your business provide any of the following services? <input type="checkbox"/> Lottery ticket sales <input type="checkbox"/> Check cashing services <input type="checkbox"/> Collecting or transferring of funds for others (<i>Moneygram, etc.</i>) <input type="checkbox"/> No				

Section D - TIN Certification, Resolution, and Membership & Account Agreement

Under penalties of perjury, the undersigned certify that the following is true and correct: (1) the Taxpayer Identification Number (TIN) shown on this form is the correct TIN of the RSO applying for membership and services (or the RSO is waiting for a TIN to be issued to it); (2) the RSO is not subject to backup withholding because; (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the RSO that it is no longer subject to backup withholding; and (3) this is a U.S. entity or U.S. person.

RESOLUTION

The above-named RSO has applied for membership with Michigan State University Federal Credit Union (MSUFCU). The undersigned acknowledges that the following is a true representation of resolutions duly adopted by the board of directors/governing body at a meeting, as further described below:

RESOLVED, that this RSO is hereby authorized to apply for membership, through its Responsible Individuals, and to deposit funds into accounts at MSUFCU, and agrees to be bound by the terms and conditions of any such account opened with the Credit Union.

FURTHER RESOLVED, that until further written notice, said Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any of the persons whose names and titles appear as authorized Responsible Individual.

FURTHER RESOLVED, that said MSUFCU is authorized to accept a pledge of all or any part of said account as security for any obligation owed to it by this RSO, which shall be executed by any of the same authorized signers.

FURTHER RESOLVED, that every authorization previously granted to MSUFCU with respect to the accounts owned by the RSO is revoked and rescinded. However, the authority given is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the adoption of these resolutions are ratified and confirmed. Further, that every authorization granted to MSUFCU with respect to this account shall remain in full force and effect until MSUFCU is provided with a new appropriately authorized Registered Student Organization Account Application.

FURTHER RESOLVED, that the signature(s) above the respective titles below are genuine and that the person(s) whose signature(s) appear on the authorization were incumbents of the office/positions of the RSO set above their respective signature(s) on the date indicated.

FURTHER RESOLVED, that the above resolutions do not conflict with or contravene the creation of governing documents of the RSO.

MEMBERSHIP AND ACCOUNT AGREEMENT

By signing below, the applicant RSO and Responsible Individual(s) hereby apply for membership of the above-named RSO with MSUFCU. The above-named RSO agrees to the terms and conditions of the MSUFCU Business Account Terms and Conditions, Business Account Schedule of Service Charges, and Business Account Current Dividends Rate Sheet, and receipt of which is acknowledged, said Agreement and any future amendments being incorporated by reference herein. The above-named RSO further agrees to abide by the Bylaws of MSUFCU and any amendments thereto. The above-named RSO acknowledges receiving a copy of the terms and conditions applicable to each account or service that is being opened concurrently with this application and agrees to be bound by those terms, as amended. The above-named RSO further understands and agrees that it will be bound by the terms and conditions of any other deposit account or service that it may later open. The individuals signing below acknowledge that they have the legal authority to bind the above-named RSO or other entity to this Agreement, and authorize MSUFCU to verify or obtain further information as it may deem necessary concerning the entity or the individuals, including the use of reports obtained from consumer reporting agencies. The undersigned Responsible Individuals agree that they shall be personally liable and hereby personally guarantee all obligations that the RSO may incur as a result of its membership in MSUFCU. The undersigned further acknowledge that the provision of all financial services to the RSO by MSUFCU is subject to qualification and approval.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. If you are unable to certify to the aforementioned IRS Certification acknowledgement, please contact the Credit Union.

Signature _____

Signature _____

Title _____ Date _____

Title _____ Date _____

Signature _____

Signature _____

Title _____ Date _____

Title _____ Date _____

For Office Use Only		
Student organization verified to be registered on the respective university Student Group website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible Individual(s) and Advisor verified to be registered with the organization through the respective university	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account opened by (Emp ID No.) _____	Membership approval by (Emp ID No.) _____	Date _____