

Registered Student Organization (RSO) Account Application



517-333-2424 • 800-678-4968
www.msufcu.org

Mail completed application to:

MSUFCU: Specialty and Support Services Department, P.O. Box 1208, East Lansing, MI 48826-1208

ACCT (office use only)	Initial Funding	
Date	Application requires a \$5.00 deposit to your share account (business savings account). Checks should be made payable to MSUFCU or 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 Michigan State University (MSU) and appear on the list of Student Groups on MSU's website to be eligible for membership and open an RSO account. Should the RSO's registration with MSU lapse and MSUFCU becomes aware of the status change, the RSO checking account will be converted to a Small Business Checking. The RSO will also be required to provide an Employer Identification Number (EIN) for tax reporting purposes. At least one student registered with the organization through MSU must be on the account as a Responsible Individual. An Advisor is required and must be the person registered as such with the student organization on the MSU Student Group website. All individuals on the account must sign and all personal accounts must be in good standing. MSUFCU will notify the Department of Student Life of any RSO account not in good standing.	

Section A - Registered Student Organization Information

RSO Name (please print)	Nature of RSO	RSO EIN	
Email Address	Phone #	Alternate Phone #	
RSO Street Address	City	State	ZIP

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

Under penalties of perjury, the undersigned certify that: (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); (2) the RSO is not subject to backup withholding because: (a) it is exempt from backup withholding; (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; (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. citizen.

RESOLUTION
 The above-named RSO has applied for membership in the 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/members/partners/governing body at a meeting:
RESOLVED, that this RSO is hereby authorized to apply for membership 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, the 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.
FURTHER RESOLVED, that MSUFCU is authorized to accept a pledge of all or any part of the 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 the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Registered Student Organization Account Application.
FURTHER RESOLVED, that the signature(s) set opposite the respective title(s) below is genuine and that the person(s) whose signature(s) appears on the authorization was incumbent of the office/position of the RSO set opposite the 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, I/we hereby apply for membership of the above-named RSO in MSUFCU. The RSO agrees to the terms and conditions of the MSUFCU Business Account Agreement, receipt of which is acknowledged, and any future amendments. The RSO will abide by the bylaws of MSUFCU and any amendments. The 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. The RSO will be bound by the terms and conditions of any other deposit account or service that it may later open. Any RSO account opened listing more than one individual as an owner shall be a joint account with rights of survivorship. The individuals signing below acknowledge that they have the legal authority to bind the 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 individual(s) shall be personally liable and 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.

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. When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask for your driver's license or other identifying documents.

Signature _____	Signature _____
Title _____ Date _____	Title _____ Date _____
Signature _____	Signature _____
Title _____ Date _____	Title _____ Date _____

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 or withdrawals of \$10,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		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		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 - 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, can make changes to the account structure, can 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 MSU.

Name	Address	City	State	ZIP
Phone (Home/Mobile)	Phone (Work)	Email Address		
Social Security Number	Driver's License / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine: <input type="checkbox"/> Full Access <input type="checkbox"/> Inquiry Only <input type="checkbox"/> None		

Name	Address	City	State	ZIP
Phone (Home/Mobile)	Phone (Work)	Email Address		
Social Security Number	Driver's License / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine: <input type="checkbox"/> Full Access <input type="checkbox"/> Inquiry Only <input type="checkbox"/> None		

Name	Address	City	State	ZIP
Phone (Home/Mobile)	Phone (Work)	Email Address		
Social Security Number	Driver's License / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine: <input type="checkbox"/> Full Access <input type="checkbox"/> Inquiry Only <input type="checkbox"/> None		

Name	Address	City	State	ZIP
Phone (Home/Mobile)	Phone (Work)	Email Address		
Social Security Number	Driver's License / State / Expiration Date	Date of Birth		
This person is: <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Advisor	Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	ComputerLine: <input type="checkbox"/> Full Access <input type="checkbox"/> Inquiry Only <input type="checkbox"/> None		



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