Unincorporated Associations, Groups/Teams/Clubs



Business Account Opening				
Select your branch preference:	☐ Cranbrook	☐ Elkford	☐ Fernie	☐ Sparwood
	☐ Castlegar	☐ Slocan Valley	☐ West E	Boundary
We understand that your time is valu as possible we ask that you review the Completed form can be commercial.support@s Completed form can be Forms and information a	e instructions outling forwarded to Stel tellervista.com dropped off at our	ne and provide the lerVista CU via e-m n all the required do branches or mailed	information renail at ocumentation. with all the re	equested on this form. quired documentation
StellerVista CU is member owned; a \$5 the account is closed. All signers are perso	• •	•		•

Legislative and Credit Union policies. 1) The following will be required:

• Documentation that proves the organization exists (copy of bylaws, meeting minute or attestation form)

To open an Incorporated organization account, the following information and documentation is required in order to comply with all

- All signers on the account must be members of StellerVista Credit Union. All signers are personally liable to StellierVista for all account activity for this account.
- There should be a minimum of Three signers on the account.

2) Provide us with the following information on the Unincorporated Association, Group, Team or Club:

Name of Group/Team/Club		
Business Address:		
Mailing		
Civic		
City, Postal Code		
Business Phone Number:		
Business Email Address:		
Nature/Purpose of the Group, Team, Club:		
Intended use of account(s):		
Primary Contact Name:		
Phone #:	Email:	

3) Provide us with the following personal information for each of the account signers; if more than three, please add an additional form. Individual signers may provide information directly to commercial.support@stellervista.com if they prefer.



			Signer #1 Signer #2				Signer #2	
Legal Name:	First							
	Middle Name							
		☐ No Middle Name		☐ No Middle Name			□ No Middle Name	
	Last Name							
Address (Civic address								
•	, Postal Code							
Mailing Address (if different):		ı						
Pinth Date (may (dd/may))		Same as above		☐ Same as above			☐ Same as above	
Birth Date (mm/dd/yyyy)								
SIN								
Contact Number:	Home							
	Work							
	Cell							
Email Address								
Occupantion								
Access to Online Ban	king?	☐ Yes	□ No	☐ Yes	<u> </u>	No		Yes 🗆 No
	<u> </u>							
Please indicate t	he accounts	required.						
Chequing			Saving	In	vestme	nts	US	D Chequing
☐ Servis Plu	<u> </u>		☐ Super Saver			Term Deposits		
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