



Augusta University Student Organization Account Starter Kit



AUGUSTA
UNIVERSITY



www.HCCU.coop | 706-434-1600



WHO ARE WE?

HCCU is a not-for-profit financial cooperative serving greater Augusta's medical, dental and educational communities, run for and by the members themselves.

Health Center Credit Union has been serving members since 1976. As part of Augusta University and the greater Augusta medical and educational community, we understand the financial needs of your organization and it's members. We are also the only financial institution with ATMs (4) on the Augusta University campus to serve you.

WHO DO WE SERVE?

We serve individuals and organizations associated with Augusta University and the Augusta University Health System, as well as all medical and dental offices in the greater Augusta area. We also serve current students, their parents, alumni, retirees, faculty, staff, contractors, and volunteers of the Richmond, Columbia, and Lincoln County school systems. **Membership is available to all immediate and extended family of those who are eligible to join HCCU.**

Becoming an HCCU member is easy! A savings account begins your credit union membership; simply maintain a minimum balance of \$25 in your account to keep it open. There are no membership fees. This savings account will allow you access to the full array of HCCU's financial products, services, and membership benefits. If you are interested in a personal account with HCCU please stop by one of our branches and we can assist you with the account opening process.

WHERE WE ARE & WHAT WE OFFER:

Branch Locations

- Walton Way
- Evans

ATM Locations

- Augusta University
 - Terrace Dining
 - Student Center
 - CHOG Lobby
 - Summerville (JSAC)
- Walton Way
- Evans
- Trinity Hospital
- Local Rite-Aid Stores

What WE can offer YOUR ORGANIZATION:

Deposit Accounts

- Savings Accounts
- Augusta University Free Student Checking
- Visa Check / Debit Card
- Money Market Accounts

Other Services

- Free Bill Pay & Online Banking
- Free Coin Counter (Evans / Harper St)
- PAL Voice Response Line

Additional offerings for INDIVIDUAL ORGANIZATION MEMBERS:

Loans

- Auto
- Mortgages
- Visa Credit Card
- Personal Loans
- Home Equity (Line of Credit)
- Revolving (Line of Credit)

Other Services

- TRUECar® Member Showroom
- Discounted Auto & Home Insurance
- Free Financial Counseling





AUGUSTA UNIVERSITY STUDENT ORGANIZATION ACCOUNT STARTER KIT

Health Center Credit Union is happy you have chosen us to service your organization and personal accounts, and strives to make that process as easy and streamlined as possible for you, our members.

In this Starter Kit you will find all the forms needed to open and maintain your organization's account with HCCU, as well as step by step instructions on that process.



STEP 1: OBTAIN AN ORGANIZATION TAX ID NUMBER (EIN)

If your organization does not already have a Tax ID Number, we strongly encourage you take steps to obtain one. This is not a requirement for an account with HCCU, but highly simplifies the process for all future signers and advisors on your account. A Tax ID number also allows you to earn interest on your account through dividends, paid to the account quarterly.

An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. Although your organization may not be considered a "business" in the traditional sense, it does fall under the categories of "Exempt Organization Business Income Tax Returns" or "Non-profit organizations" still qualifying for an EIN.

The recommended way to obtain a Tax ID number is through the IRS Tax ID Online Application. This is a free service offered by the Internal Revenue Service and you can get your EIN immediately. The IRS's Step-by-Step Online Application Form can be found at <https://sa.www4.irs.gov/modiein/individual/index.jsp>. The first step in the application process is choosing the type of legal structure you are applying for your EIN under. We recommend choosing first "View Additional Types...", and then choose the entity type that most closely resembles your organization. The entity types we recommend for most organizations include Social or Savings Club, PTA/PTO or School Organization, or Sports Teams (community) as these designations most closely resemble the organization structure. Once you choose your entity type please follow the prompts to complete and submit your application.

The use of a tax ID number does require the annual tax filing of a Form 990 with the IRS. We recommend you consult the IRS.gov site or contact your tax professional with specific questions about required filings.

STEP 2: OPENING A NEW ORGANIZATION ACCOUNT WITH HCCU

Three forms are required for opening a new organization account; a **New Account Card**, a **Club and Organization Account Agreement**, and a **Treasurer-Advisor Signature Form**. All forms must be completed and turned in along with copies of; a state issued ID or Drivers License, Student ID / Jag Card, and Social Security card for all account signers. No accounts will be opened without all documentation being presented.

If you have obtained a Tax ID Number for your club, the account will be opened in the organization name with all signers listed as joint owners. If you decide to open your account without a Tax ID Number, the account will be opened under a unique ID created by the credit union for tracking purposes, and will not earn interest.

All organizations are strongly encouraged to adopt internal controls which require 2 signers on all checks or withdrawals. However, accounts (savings and checking) cannot be opened as an **AND** account requiring signatures from 2 or more signers. All accounts are opened as an **OR** account meaning any signer can transact business. HCCU cannot track, monitor, or enforce two or more signatures on an account. It is HCCU policy to pull credit on all account signers, and all signers are personally responsible for the activity of the account even if they have a separate tax id number for the club.

STEP 3: MAKING CHANGES TO AN EXISTING ORGANIZATION ACCOUNT

Three forms are also required for making changes to your organization account; an Existing Account Change Card, a Club and Organization Account Agreement, and a Organization Contact Form. All forms must be completed and turned in along with copies of; a state issued ID or Drivers License, Student ID / Jag Card, and Social Security card for all NEW account signers. No account changes will be made without all documentation being presented.

CHECKLIST

New Accounts:

- Organization Tax ID Number
- New Account Card
- Club and Organization Account Agreement
- Organization Contact Form
- State issued ID or Drivers License (Copies for all Signers)
- Student ID / Jag Card (Copies for all Signers)
- Social Security Card (Copies for all Signers)

Existing Account Changes:

- Existing Account Change Card
- Club and Organization Account Agreement
- Organization Contact Form
- State issued ID or Drivers License (Copies for all NEW Signers)
- Student ID / Jag Card (Copies for all NEW Signers)
- Social Security Card (Copies for all NEW Signers)



CLUB & ORGANIZATION ACCOUNT AGREEMENT

CLUB INFORMATION

Club / Organization Name _____ Effective Date _____

Account Number _____

Tax Identification Number ¹ _____ or Unique ID Number ² _____

¹ If a **Tax ID is used** the account will be setup in the organization name and earn interest.

² If no **Tax ID** is used the credit union will create a unique ID number for tracking purposes and the account **will not earn interest**.

A **copy** of the Tax ID issuance letter is required, if it is to be used to open the account. No changes will be made to the account until all needed documentation is received. All signers on the account are personally responsible for the activity of the account even if a Tax ID number is used.

ALL AUTHORIZED ACCOUNT SIGNERS

Printed Name	Social Security Number	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Notes this signer is new

MEMBERS TO BE REMOVED

Printed Name	Social Security Number	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identification Required: Current State Issued ID/Drivers License and School ID / Jag Card. Social Security Card for account signer may be required if unable to verify the individuals SS#.

Its preferred the new signer(s) present a letter from a previous signer, naming the official representatives. **To change signing privileges on an account** the following two items are needed **1.) Club & Organization Account Agreement 2.) Existing Account Change Card**. All documents must be completed before any changes will be made to the account.

All organizations are strongly encouraged to adopt internal controls which require 2 signers on all checks or withdrawals. However, accounts (savings and checking) cannot be opened as an **AND** account requiring signatures from 2 or more signers. All accounts are opened as an **OR** account meaning any signer can transact business. HCCU cannot track, monitor, or enforce two or more signatures on an account. It is HCCU policy to pull credit on all account signers, and all signers are personally responsible for the activity of the account even if they have a separate tax id number for the club.



ORGANIZATION CONTACT FORM

This form is for contact purposes only and does not give any persons authority, signing privileges, or liability over any organization accounts. The sole purpose of this form is to retain a current point of contact for the organization at all times in the event that multiple signers leave the organization at one time and can no longer be reached.

TREASURER'S CONTACT INFORMATION

Name _____
SSN/TIN _____
Street _____
City/State/Zip _____
Home Phone () _____ Cell Phone () _____
E-mail _____

ADVISOR'S CONTACT INFORMATION

Name _____
SSN/TIN _____
Street _____
City/State/Zip _____
Home Phone () _____ Cell Phone () _____
Department _____
E-mail _____

ORGANIZATION MAILING ADDRESS

Department _____
Attention _____
Street _____
City/State/Zip _____

All organizations are strongly encouraged to adopt internal controls which require 2 signers on all checks or withdrawals. However, accounts (savings and checking) cannot be opened as an **AND** account requiring signatures from 2 or more signers. All accounts are opened as an **OR** account meaning any signer can transact business. HCCU cannot track, monitor, or enforce two or more signatures on an account. It is HCCU policy to pull credit on all account signers, and all signers are personally responsible for the activity of the account even if they have a separate tax id number for the club. **Note:** The completion of this form does not add you as an authorized account user. This form is for informational/contact purposes only.

X _____
Treasurer Signature _____ Date _____

X _____
Advisor Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Accepted by _____ Member Verification _____

X _____
CU Employee Signature _____ Date _____



NEW ACCOUNT CARD

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings	_____	Suffix*	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____			<input type="checkbox"/> Share Certificate	_____
<input type="checkbox"/> Other	_____				

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit	_____	<input type="checkbox"/> Debit Card	_____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below)	_____	<input type="checkbox"/> Audio Response	_____
	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> PC Access/Internet Banking	_____		

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Organization/Owner _____	Member No. _____
Street _____	TIN _____
City/State/Zip _____	E-mail _____
Contact Phone () _____	Phone Verification Password _____
Eligibility for Membership <u>Augusta University Club Account</u>	_____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

The account(s) is a Joint Account with Rights of Survivorship.

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	Cell Phone () _____
Work Phone () _____	E-mail _____

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	Cell Phone () _____
Work Phone () _____	E-mail _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Cell Phone () _____
 Work Phone () _____ E-mail _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Cell Phone () _____
 Work Phone () _____ E-mail _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number,*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. person (including a U.S. resident alien).*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You authorize us to check your account, credit, and employment history, and obtain reports at the election of Health Center Credit Union from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you are currently applying for and other services or accounts that either you request or the credit union elects to make available to its members. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____ Signature	_____ Date	X _____ Signature	_____ Date
X _____ Signature	_____ Date	X _____ Signature	_____ Date

FOR CREDIT UNION USE ONLY

Date of Membership _____	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
<input type="checkbox"/> Credit Report	Opened/App'd by _____	Member Verification _____
<input type="checkbox"/> Access Card	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking



EXISTING ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

I / We authorize the Credit union to make and accept the following changes to my / our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information	<input type="checkbox"/> CHANGE	Joint Owner(s) Information	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Agent	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	Account Type / Services	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Other _____	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE				

OWNERSHIP INFORMATION CHANGES

Organization/Owner _____	Member No. _____
Street _____	TIN _____
City/State/Zip _____	Phone Verification Password _____
Contact Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-mail _____
Department _____ Campus Address _____	

The account(s) is a Joint Account with Rights of Survivorship.

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my / our obligation on any loan accounts.

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Phone Verification Password _____
Cell Phone () _____	Work Phone () _____
E-mail _____	

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Phone Verification Password _____
Cell Phone () _____	Work Phone () _____
E-mail _____	

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Phone Verification Password _____
Cell Phone () _____	Work Phone () _____
E-mail _____	

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Phone Verification Password _____
Cell Phone () _____	Work Phone () _____
E-mail _____	

ACCOUNT TYPE

<input type="checkbox"/> Share/Savings _____	Suffix* _____	<input type="checkbox"/> Money Market _____	Suffix* _____
<input type="checkbox"/> Share Draft/Checking _____		<input type="checkbox"/> Share Certificate _____	
<input type="checkbox"/> Other _____			

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit _____	<input type="checkbox"/> Debit Card _____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) _____	<input type="checkbox"/> ATM Card _____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Audio Response _____
	<input type="checkbox"/> Other _____

AUTHORIZATION

I / We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I / We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I / We agree to the terms of and acknowledge receipt of the Electronic Fund Transfer Agreement and Disclosure.

X _____	X _____
Signature _____	Signature _____
Date _____	Date _____
X _____	X _____
Signature _____	Signature _____
Date _____	Date _____

FOR CREDIT UNION USE ONLY

Date of Membership _____	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
<input type="checkbox"/> Credit Report	Opened/App'd by _____	Member Verification _____
<input type="checkbox"/> Access Card	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking