**New Accounts & Change of Signing Authorities**

(Helpful tips to assist members)

Minutes should outline the following:

-Minutes must be dated.

-Identify the financial institution where the account is being opened and the official name of the account. Indicate who will be a signer and their title. Also, the number of signing authorities

-For changes to existing account indicate at which financial institution and all account numbers that require changes. -Identify who is to be added and if applicable who is to be removed. Their roles must be identified, ex: President, Treasurer, Secretary, etc.

-Identify all directors associated with the organization. We require their full legal name, first, middle and last. Also required is their employer, employment title and a detailed description of their occupation. Ex: Nurse, requires full description such as registered nurse, dental nurse, psychiatric nurse, pediatric nurse, research nurse, etc.

-Minutes should outline the structure, ownership and who controls the organization.

-Original minutes are required and must be signed by at least two, non-signing members of the organization. Please note if the organization is incorporated then Alberta Registries must be updated prior to making changes on the account. Minutes must be signed by directors.

-Complete pages 2-4

**Please have the minutes sent to Servus Credit Union prior to meeting with any of the signers.** This will allow us to prepare some of the required documents beforehand and/or advise of any adjustments that need to be made to the minutes.

The signer(s) will be required to provide the following information:

-Two pieces of id are required. One must be gov’t issued photo id, such as Driver's Licence or Passport. Example(s) of a second piece of id: Provincial Health Care Card, Birth Certificate, Credit Card.

- We must also obtain employment information, including employer address and phone number.

Sample-New Account

Insert-Official name of Organization

Oct 06, 2016

A new account is to be opened at Servus Credit Union, located at 6 Superior Street, Devon Ab. The account will be two to sign and the following individuals will have signing authority:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Role: Treasurer I

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Role: President

Our directors are:

* First, middle, last. Employer, title and occupation description
* First, middle, last. Employer, title and occupation description
* First, middle, last. Employer, title and occupation description
* First, middle, last. Employer, title and occupation description

Direct Influence required: Name, address, employer, occupation and their applicable percentage of ownership. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The mailing address for statements is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\*Full Legal Name – Role Full Legal Name – Role

\*(non-signing members of the organization. If incorporated directors to sign)

Signing Authority Information Sheet

First, middle & Last Name

Two pieces of id required: Must consist of 1 government issued picture id, Driver's license or passport. Second piece of id can be Ab Health Care card, Birth Certificate or Credit Card.

ID Type ID# Place of Issue Issue Date & Expiry Date

ID Type ID# Place of Issue Issue Date & Expiry Date

US Citizen for tax purposes: Yes or No (circle one) if yes, provide ITN.

Own/Rent/ Board – Please circle one

Length of Time at Current Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone & Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation, title and description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_