**New Accounts & Change of Signing Authorities**

(Helpful tips to assist members)

Minutes should outline the following:

* Minutes must be dated.
* Identify financial institution and all account numbers that require changes.
* 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.
* Identify who is to be added and if applicable who is to be removed. Their roles must be identified, ex: President, Treasurer, Secretary, 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.
* If organization is incorporated then Alberta Registries must be updated prior to making changes on the account.

**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

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

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

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:

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

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

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

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

\*Full Name – Role Full Name – Role

\*(non-signing members of the organization)

Signing Authority Information Sheet

First, middle & Last Name

Id must consist of 1 government issued picture, Driver's licence or passport. Second piece of id can be Ab Health Care card or Credit Card.

ID Type ID# Place of Issue Issue Date

ID Type ID# Place of Issue Issue Date

Physical Home Address:

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

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

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

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

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

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

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

Length of Time at Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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