

NEW    UPDATE   DATE: \_\_\_\_\_

## Business Account Card

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### ACCOUNT TYPE

Suffix\*

Suffix\*

 Share/Savings: \_\_\_\_\_

 Money Market: \_\_\_\_\_

 Share Draft/Checking: \_\_\_\_\_

 Other: \_\_\_\_\_

 Share Certificate/Certificate: \_\_\_\_\_

 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

 Overdraft Protection (Indicate transfer priority below.): \_\_\_\_\_

 ATM Card: \_\_\_\_\_

 Debit Card: \_\_\_\_\_

 PC Access/Internet Banking

 Other: \_\_\_\_\_

 Audio Response

### MEMBER/ACCOUNT OWNER INFORMATION

NAME MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES

 C Corporation

 LLC (Limited Liability Company)

 Partnership:

 Unincorporated Organization

 S Corporation

Select Tax Classification:

 General

 Association/Club

 Sole Proprietorship

 C = C Corporation

 Limited

 Trust/Estate

 S = S Corporation

 Limited Liability

 Other: \_\_\_\_\_

 P = Partnership

### ACCOUNT INFORMATION

STATE ORGANIZED

EIN/TIN

BUSINESS LICENSE NUMBER

ISSUANCE DATE

EXPIRATION DATE

STATE ISSUED

MAILING ADDRESS

PHYSICAL ADDRESS

BUSINESS PHONE

OTHER PHONE

WEB SITE ADDRESS/EMAIL

VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)

NATURE OF BUSINESS

### PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUANCE DATE

EXPIRATION DATE

HOME ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE

BIRTHDATE

### PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUANCE DATE

EXPIRATION DATE

HOME ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE

BIRTHDATE

**PRINCIPAL/CONTACT INFORMATION**

PRINCIPAL CONTACT	POSITION	SSN/TIN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE
HOME ADDRESS	EXPIRATION DATE	
HOME PHONE	CELL PHONE	BIRTHDATE

**PRINCIPAL/CONTACT INFORMATION**

PRINCIPAL CONTACT	POSITION	SSN/TIN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE
HOME ADDRESS	EXPIRATION DATE	
HOME PHONE	CELL PHONE	BIRTHDATE

**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 (or I am waiting for a number to be issued), and*
- (2) *The Account Owner is not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Revenue Service (IRS) that I am subject to backup withholding as a result of a 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) *The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).*

**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 FOR NEW MEMBERSHIP**

\_\_\_\_ Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. **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  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**AUTHORIZATION FOR MEMBERSHIP UPDATES**

On behalf of the Account Owner, the undersigned agree(s) that the changes noted herein amend the previously signed Business Account Card. The undersigned also acknowledge(s) receipt of an agreement to the Funds Availability Policy Disclosure and other disclosures, as applicable, for accounts and services requested above.

**X**

SIGNATURE DATE  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**X**

SIGNATURE DATE  
TITLE:

**FOR CREDIT UNION USE ONLY**

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION
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ENTITY FORMATION DOCUMENTS REVIEWED BY

COPIES OBTAINED:

<input type="checkbox"/> CORPORATE RESOLUTION	<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS
<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> FINANCIAL STATEMENTS	<input type="checkbox"/> OTHER:

GOVERNMENT LIST(S) CHECKED:  TREASURY CIP LIST  OFAC  OTHER:

LIST VERIFICATION COMPLETION DATE BY