

Business Account Card

☐ NEW ☐ UPDATE DATE: _____

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/SERVICES

- ☐ Share/Savings ☐ VISA Check Card (see below): _____
- ☐ Share Draft/Checking: ☐ Standard Checking or ☐ Premier Checking ☐ Overdraft Protection: _____
- ☐ Other: _____

MEMBER/ACCOUNT OWNER INFORMATION

BUSINESS 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 (IF APPLICABLE)

ISSUANCE DATE

EXPIRATION DATE

STATE ISSUED

MAILING ADDRESS

PHYSICAL ADDRESS

BUSINESS PHONE

OTHER PHONE

EMAIL

VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)

NATURE OF BUSINESS

OWNER/PRINCIPAL INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUE DATE

EXPIRATION DATE

HOME ADDRESS

BIRTHDATE

HOME PHONE

CELL PHONE

BUSINESS PHONE

EMAIL ADDRESS

ISSUE VISA CHECK CARD ☐ YES ☐ NO

SECURITY CODE WORD (THIS WILL BE USED TO HELP VERIFY YOUR ACCOUNT; must be 6 characters, including a number)

OWNER/PRINCIPAL INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUE DATE

EXPIRATION DATE

HOME ADDRESS

BIRTHDATE

HOME PHONE

CELL PHONE

BUSINESS PHONE

EMAIL ADDRESS

ISSUE VISA CHECK CARD ☐ YES ☐ NO

SECURITY CODE WORD (THIS WILL BE USED TO HELP VERIFY YOUR ACCOUNT; must be 6 characters, including a number)

AUTHORIZED SIGNER/EMPLOYEE			
NAME		POSITION	SSN/TIN
DRIVER'S LICENSE NO	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS		BIRTHDATE	
BUSINESS PHONE		EMAIL ADDRESS	
ISSUE VISA CHECK CARD <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECURITY CODE WORD (THIS WILL BE USED TO HELP VERIFY YOUR ACCOUNT; must be 6 characters, including a number)			
AUTHORIZED SIGNER/EMPLOYEE			
NAME		POSITION	SSN/TIN
DRIVER'S LICENSE NO	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS		BIRTHDATE	
BUSINESS PHONE		EMAIL ADDRESS	
ISSUE VISA CHECK CARD <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECURITY CODE WORD (THIS WILL BE USED TO HELP VERIFY YOUR ACCOUNT; must be 6 characters, including a number)			
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION			
<p><i>Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:</i></p> <p>(1) <i>The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and</i></p> <p>(2) <i>The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and</i></p> <p>(3) <i>The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: 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).</i></p> <p>(4) <i>The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.</i></p> <p>Certification Instructions. Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.</p>			
Exempt payee code (if any) _____		Exemption from FATCA reporting code (if any) _____	
AUTHORIZATION FOR MEMBERSHIP UPDATES			
<p>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.</p>			
<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 24px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <div style="display: flex; justify-content: space-between;"> TITLE: </div>		<div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 24px; margin-bottom: 5px;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <div style="display: flex; justify-content: space-between;"> TITLE: </div>	
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FOR NEW MEMBERSHIP			
<p>____ 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.)</p> <p>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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>			
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FOR CREDIT UNION USE ONLY			
EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION	
ENTITY FORMATION DOCUMENTS REVIEWED BY			
COPIES OBTAINED: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> CORPORATE RESOLUTION <input type="checkbox"/> CREDIT REPORT </div> <div> <input type="checkbox"/> PARTNERSHIP AGREEMENT <input type="checkbox"/> FINANCIAL STATEMENTS </div> <div> <input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS <input type="checkbox"/> OTHER: </div> </div>			
GOVERNMENT LIST(S) CHECKED: <input type="checkbox"/> TREASURY CIP LIST <input type="checkbox"/> OFAC <input type="checkbox"/> OTHER:			
LIST VERIFICATION COMPLETION DATE		BY	