

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 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*

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

ENTITY FORMATION DOCUMENTS REVIEWED BY

COPIES OBTAINED: CORPORATE RESOLUTION PARTNERSHIP AGREEMENT BYLAWS OR CODE OF REGULATIONS CREDIT REPORT FINANCIAL STATEMENTS OTHER:

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

LIST VERIFICATION COMPLETION DATE BY