

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
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Type of Entity

 Corporation

 Partnership

 Unincorporated Organization

 Limited Liability Company

 General

 Association/Club

 Select Classification Code: D = Disregarded Entity

 Limited

 Other: _____

 C = Corporation

 Limited Liability

 Sole Proprietorship

 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, the undersigned certifies on behalf of the Account Owner that:

(1) *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),*

(2) *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*

(3) *The Account Owner has been organized in the U.S. and is a U.S. person.*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because it has failed to report all interest and dividends on tax return. Cross out item 3 and complete the appropriate W-8 form if Account Owner is not a U.S. person.

AUTHORIZATION

____ 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:

FOR CREDIT UNION USE ONLY

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION
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: <input type="checkbox"/> TREASURY CIP LIST <input type="checkbox"/> OFAC <input type="checkbox"/> OTHER:		
LIST VERIFICATION COMPLETION DATE	BY	