



☐ NEW	UPDATE DATE:			Business Account Card			
			ABOUT PROCEDURES FOR OPENI				
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*	□ Dustinus	Suffix*			
	Business Savings:			Money Market:			
	☐ Easy Business Checking:		<u> </u>	+ificato.			
		counts listed above con	nsists of the suffix added to the	tificate: 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							
Ove	verdraft Protection (Indicate transfer priority below):						
			☐ Debit Card:				
☐ Inter	net Banking iTeller		Other:	_			
☐ Telle	er Talk						
		BUSINESS MEMI	BER/ACCOUNT OWNER INFORMA	ATION			
NAME	NAME MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES						
			Type of Entity				
	☐ Corporation		☐ Partnership	☐ Unincorporated Organization			
	Limited Liability Company		☐ General	☐ Association/Club			
	Select Classification Code:	\square D = Disregarded Er	ntity 🔲 Limited	☐ Other:			
		\square C = Corporation	☐ Limited Liabilit	y			
	☐ Sole Proprietorship	\square P = Partnership					
ACCOUNT INFORMATION							
STATE OF	RGANIZED		EIN/TIN				
BUSINESS	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED			
MAILING	ADDRESS						
STREET A	NNDFSS						
BUSINESS		OTHER PHONE	WEB SITE ADDRESS/EMAIL	VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)			
	DF BUSINESS						
Retail - Product(s) sold							
□ Se				_			
Pro	ofessional Service Doctor	☐ Travel Agent ☐	Attorney Real Estate	Other:			
Oth	er						
Do you anticipate the following types of account activity? Local? ☐ Yes ☐ No Multi-state? ☐ Yes ☐ No International? ☐ Yes ☐ No Do you have multiple business locations? ☐ Yes ☐ No Please list cities and states for each:							
Does your business place, receive or knowingly transmit any hots or wagers by any magne? Ves. No.							
Does your business place, receive or knowingly transmit any bets or wagers by any means? Yes No If yes-does such activity involve in any way the use of the internet? Yes No							
Do you offer any of the following types of products or services? Issue, sell, or redeem Traveler's Cheques? ☐ Yes ☐ No							
If you offer any of the above a. Are you acting as an agent and simply selling or redeeming items that are payable by an issuer (i.e. American Express Traveler's Cheques, Western Union money transfers, etc.)? Yes No b. Is there a maximum daily dollar limit per customer? Yes No c. If limit may exceed \$1,000 for any one customer on any one day, have you registered as a Money Services Business with the Financial Crimes Enforcement Network (FinCEN) as their regulations require? Yes No							

	PRINCIPAL/CON	ITACT 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/CON	ITACT INFORMATION	
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HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE
	TIN CERTIFICATION AND E	BACKUP HOLDING INFORMATION	
Under penalties of perjury, the under	signed certifies on behalf of the Acc	ount Owner that:	
Internal Revenue Service (IRS) ti	ect to backup withholding because: (hat it is subject to backup withholdi it is no longer subject to backup wit	(a) It is exempt from backup with ng as a result of a failure to repo hholding, and	pholding, or (b) It has not been notified by a fort all interest or dividends, or (c) the IRS h
			ntly subject to backup withholding because ate W-8 form if Account Owner is not a U
	AUTH	IORIZATION	
One signature of an authorized person	n is required to transact business.		
terms of this Business Account Ca documents and disclosures the Cred herein. The undersigned also agree(rd, the Business Membership and a lit Union has provided, as amended (s) to promptly notify the Credit Uni	Account Agreement, the Funds from time to time, and as applic ion in writing of any changes to	cknowledge(s) receipt of and agree(s) to t Availability Policy Disclosure, and additionable to the accounts and services request the information contained on this document the certifications required to avoid back
Χ		Χ	
SIGNATURE TITLE:	DATE	SIGNATURE TITLE:	DATE
Х		Χ	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE:		TITLE:	
		IT UNION USE ONLY	
EFFECTIVE DATE	OPENED/APPROVED BY		
Opened by/Membership Officer		Manager Approval	
Signature & Initials		(if applicable) Signatu	
GOVERNMENT LIST(S) CHECKED: OFAC	TeleCheck OTHER:	COMPLE	IED BY:
Telecheck Approval Code (if verified via telephone	.)		