

# BUSINESS ACCOUNT APPLICATION AND AGREEMENT

Account Number \_\_\_\_\_

## OWNERSHIP OF ACCOUNT

SOLE PROPRIETORSHIP

LIMITED LIABILITY CORP.

\_\_\_\_\_

CORPORATION

PARTNERSHIP

## TYPE OF ACCOUNT

BUSINESS CHECKING

BUSINESS PREMIUM CHECKING

BUSINESS SAVINGS

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## ACCOUNT INFORMATION

Account Owner/Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Business ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Other Name(s) \_\_\_\_\_

Person (s) authorized to receive account information \_\_\_\_\_

By signing this application and agreement, the signer (s) jointly and severally certifies that the information provided is true and correct and agrees to be bound by the terms of the Certificate of Authority on the reverse side as it applies to the Account Owner/Business listed above. The signer(s) acknowledges that the business account field of membership requirements have been discussed and that the business entity meets all membership requirements. The signer (s) further acknowledges receipt of and agrees to be bound by the terms and conditions contained in the "All About Your Business Accounts", Funds Transfer, Funds Availability Policy, Special Account Details, and Fee Schedule, if applicable, as amended by the Credit Union from time to time. **All Signers must be present with Nevada ID at the time of opening.**

## Business Owner/Officer Signature

(1):	_____	_____	_____
	Name	Title	Signature
(2):	_____	_____	_____
	Name	Title	Signature
(3):	_____	_____	_____
	Name	Title	Signature
(4):	_____	_____	_____
	Name	Title	Signature

## BACKUP WITHHOLDING CERTIFICATIONS

TIN: \_\_\_\_\_

**TAXPAYER I.D. NUMBER** – The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

**BACKUP WITHHOLDING** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**EXEMPT RECIPIENTS** – I am an exempt recipient under the Internal Revenue Service Regulation

X \_\_\_\_\_ (date)

# CERTIFICATE OF AUTHORITY

1. **Account Owner/Business Name.** The Account Owner/Business name shown on the front side is the complete and correct name of the Account Owner/Business. If applicable, all registered fictitious names under which the Account Owner/Business does business are shown on the front side. Each member, manager and partner, whichever is applicable, warrants that the business entity listed on the reverse side of this document has been duly formed and is in good standing.
2. **Authorized Signers.** The officers, and authorized agents, as applicable, signing on the front side (Signers) presently occupy the positions shown on the front side and are authorized to transact business on behalf of the Account Owner. Each Signer agrees to notify the Credit Union in writing of any changes in authority. The Credit Union may request any other evidence of Signer's authority at any time.
3. **Authority.**
  - a. Each Signer certifies and agrees that the Account Owner/Business accounts will be governed by the terms set forth in the Account Agreement, as amended from time to time.
  - b. The Credit Union is directed to accept and pay without further inquiry any item, drawn against any of the Account Owner/Business accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner/Business for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
  - c. The authority given to the Authorized Signers and persons authorized to receive account information shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account is maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, or agent of the Account Owner/Business will notify the Credit Union of any change in the Account Owner/Business composition, assumed business name, or any aspect of the entity affecting the deposit relationship between the Account Owner/Business and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers, authority, and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
  - d. The persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transactions related to the account.
4. **Liability.** Account Owner/Business and each Signer agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the Credit Union relies prior to notice of any account changes or change of Account Owner. The Account Owner/Business agrees that the Credit Union shall not be liable for any losses due to the Account Owner/Business failure to notify the Credit Union of such changes and the Account Owner/Business failure to exercise due care in storing, handling or completing checks..