



# Business Account Signature Card

Please fill in Full Name(s) and send a copy of a Photo ID for verification

**ASI** By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured, or insured by any state government.

 New Change

Account #
Tax Identification #
Date

Accounts or Services Requested	Type of Business
<input type="checkbox"/> Savings (Shares), Special Savings, Money Market(s) <input type="checkbox"/> Checking (Share Draft)	<input type="checkbox"/> Sole Proprietorship Partnership <input type="checkbox"/> Club/Organization

### Business Information

Business Name	Password	Tax Identification Number	Email Address
---------------	----------	---------------------------	---------------

Business Name (cont.)			
-----------------------	--	--	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Mailing Address (if other than physical)	City	State	Zip Code
--	------	-------	----------

Primary Telephone	Secondary Telephone
-------------------	---------------------

### Authorized Signers Personal Information

In consideration of your maintaining my account under the above business name, or under my name doing business as above, I agree to protect and indemnify you against any loss or liability arising from or growing out of the acceptance by you for payment or credit of checks drawn to the order of and endorsed in the said trade name, or in my name, doing business as above, whether drawn to bearer, or cash, or to the order of any person or persons authorized to sign otherwise.

Checks and other orders for the payment of money withdrawing funds from this said account may be signed by any one of the following:

First Signer - Name (Last/First/Initial)	Home Address	City, State Zip
--	--------------	-----------------

Social Security Number	ID Type/ID Number/Expiration Date	Home Phone	Date of Birth
------------------------	-----------------------------------	------------	---------------

Second Signer - Name (Last/First/Initial)	Home Address	City, State Zip
---	--------------	-----------------

Social Security Number	ID Type/ID Number/Expiration Date	Home Phone	Date of Birth
------------------------	-----------------------------------	------------	---------------

Third Signer - Name (Last/First/Initial)	Home Address	City, State Zip
--	--------------	-----------------

Social Security Number	ID Type/ID Number/Expiration Date	Home Phone	Date of Birth
------------------------	-----------------------------------	------------	---------------

Fourth Signer - Name (Last/First/Initial)	Home Address	City, State Zip
---	--------------	-----------------

Social Security Number	ID Type/ID Number/Expiration Date	Home Phone	Date of Birth
------------------------	-----------------------------------	------------	---------------

### TIN Certification

Under penalty of perjury, I certify:

(1) That the number shown on this Deposit Agreement is my correct taxpayer identification number, and

(2) That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

CAUTION: If you are subject to backup withholding, please strike out the language in item (2) above.

Individual/Sole Proprietor     
  Club/Organization     
  Other

### Authorization

By signing below, I/We agree to the terms and conditions of the Membership Disclosure, Truth-in-savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated therein. I/We acknowledge receipt of a copy of the Membership Disclosure applicable to the account and services requested herein and for future reference to applicable services.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Signature of First Signer	Date	Signature of Third Signer	Date
---------------------------	------	---------------------------	------

Signature of Second Signer	Date	Signature of Fourth Signer	Date
----------------------------	------	----------------------------	------



# Business Account Signature Card

**Account Expectations**  
 What is the nature of your business? \_\_\_\_\_  
 Are you now or planning to operate a Money Services Business? \_\_\_\_\_  
 Do you expect electronic transactions for:  
 Direct Deposit? \_\_\_\_\_ If yes, how many monthly? \_\_\_\_\_  
 ACH Withdrawals? \_\_\_\_\_ If yes, how many monthly? \_\_\_\_\_  
 Domestic Wires? \_\_\_\_\_ If yes, how many monthly? \_\_\_\_\_  
 International Wires? \_\_\_\_\_ If yes, how many monthly? \_\_\_\_\_  
 Do you expect to purchase travelers checks, money orders, and/or official checks? \_\_\_\_\_ If yes, how many monthly? \_\_\_\_\_  
 Do you expect CASH deposits or withdrawals exceeding \$3000/month? If yes, how many? \_\_\_\_\_

**Sole Proprietorship**  
 under the trade name of \_\_\_\_\_ and certify that I am the Sole Owner of the firm.  

Signature	Print Name/Title
-----------	------------------

**Association**  
 I (We) are doing business under the trade name of \_\_\_\_\_ and that \_\_\_\_\_  

Signature	Print Name/Title
Signature	Print Name/Title
Signature	Print Name/Title
Signature	Print Name/Title

 of this organization are authorized to enter in this Deposit Agreement on behalf of \_\_\_\_\_, draw checks on this account, and execute any document (including but not limited to, facsimile signature authorization agreements, wire transfer agreements, automated clearinghouse agreements, and payroll deposit agreement(s) and take any action on behalf of this organization to carry out the terms of these authorizations and the terms of the documents described therein. The Credit Union is authorized to honor and pay all checks signed as provided herein, including those drawn to the order of any officer of other authorized signer on this account.  
 I certify that: This is a copy of the resolution adopted by the board of the \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; the signatures appearing in the signature section above are those of the persons signed by authorized officers of this organization; this resolution is still in force.  

Date	Secretary of Corporation
------	--------------------------

**Partnership**  
 We, the undersigned, do hereby certify that we are the general partners of \_\_\_\_\_, a partnership. We do hereby further certify that any one of the signers listed on the front of this form are fully authorized in the name of the partnership to negotiate cash, or transfer in the name of the partnership all checks, drafts and other papers payable to it, or in which it has an interest; also, to deposit all such items or funds in South Bay Credit Union, and, also draw, sign and deliver in the name of said partnership all checks against its funds on deposit in said credit union and do all such other acts and things as may be incidental to such authority and power.  

By : Authorized Signature Typed or Printed Name & Title	By: Authorized Signature Typed or Printed Name & Title
By : Authorized Signature Typed or Printed Name & Title	By: Authorized Signature Typed or Printed Name & Title

**FOR CREDIT UNION USE ONLY**  
 Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Audited By: \_\_\_\_\_ Supervisor Approval to open account: \_\_\_\_\_  
 OFAC Date: Bus. \_\_\_\_\_ 1st Signer \_\_\_\_\_ 2nd Signer \_\_\_\_\_ 3rd Signer \_\_\_\_\_ 4th Signer \_\_\_\_\_  
 Clearance: Business: \_\_\_\_\_ 1st Signer: State SSN Issued: \_\_\_\_\_ Year: \_\_\_\_\_  
 2nd Signer: State SSN Issued: \_\_\_\_\_ Year: \_\_\_\_\_ 3rd Signer: State SSN Issued: \_\_\_\_\_ Year: \_\_\_\_\_  
 4th Signer: State SSN Issued: \_\_\_\_\_ Year: \_\_\_\_\_ Credit Report for Each Signer: \_\_\_\_\_  
 Member Account Numbers for each Signer: \_\_\_\_\_  
 OFAC Date for Officers or Partners Who are Not Members: \_\_\_\_\_  
 Comments: \_\_\_\_\_