

# business account signature card



**Important Information About Procedures for Opening a New 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 who opens an account. **What this means for Me:** When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You also may ask to see my driver's license or other identifying documents.

for UMe use only member name: \_\_\_\_\_ date: \_\_\_\_\_ account #: \_\_\_\_\_

## BUSINESS ACCOUNT TYPE

I wish to open the following business account(s):  Business Savings  Business Checking  Certificate Account  Money Market (MMA)

I would like the following product(s) / service(s):  VISA Debit Card  ATM Card  Online Banking

## MEMBERSHIP ELIGIBILITY

Live in Burbank  Work in Burbank  Worship in Burbank  Student in Burbank  Family/Employer/Association  Other: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_ TIN# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Business Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_ Business Email Address \_\_\_\_\_

Business Description \_\_\_\_\_ # Years in Business \_\_\_\_\_ # of Employees \_\_\_\_\_

Business Type:  Sole Proprietorship\*  General or Informal Partnership  Limited Partnership  Corporation  Limited Liability  Non-Profit Organization  
(POD Provision available)

## PLEASE INDICATE HOW / WHERE YOU HEARD ABOUT US. (We'd really like to know what - or who - inspired you to bank with us!)

family (referral name): \_\_\_\_\_  friend (referral name): \_\_\_\_\_  UMe employee (referral name): \_\_\_\_\_

walked / drove by  newspaper ad  bus stop poster  door hanger  mail  coffee sleeve  yelp  twitter  google ad  other online ad  partner perks

bta newsletter  school mail insert (school name): \_\_\_\_\_  school ad / sponsorship (school name): \_\_\_\_\_

## ACKNOWLEDGEMENT OF DISCLOSURES: My initials below indicate that I (we) have received the following:

\_\_\_\_\_ Member Account Agreement & Disclosure (which includes the Electronic Funds Transfer & Agreement) \_\_\_\_\_ Schedule of Fees

## 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. I understand that the internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

## LARGE COMMERCIAL DEPOSITS

**Cash deposits** will require the deposit slip and cash to be placed in a sealed deposit bag (provided by the Credit Union) for transfer directly into our depository, where it will be verified by two employees (dual verified). Any discrepancies will be documented and credited/charged to your account.

**Checks deposited** should be in bundles of 50 with a tape run attached to each bundle. The tape run should include the number of checks deposited in addition to the dollar amount. The duplicate copy should be submitted separately. The check totals will not be verified at the teller window. We will forward them in the bundles as submitted to our processing center where they will be verified with any discrepancies credited/debited to your account. Detailed documentation of any discrepancy will be sent to you. Checks and cash will be deposited together in our system, so that the entire deposit will show as one transaction. Commercial deposits consisting of a large quantity of checks/cash will not be accepted through an ATM.

## ATM/DEBIT CARD AGREEMENT

An ATM or Debit Card will be issued on this account only for listed authorized signers. Each signer is bound by the Member Account Agreement & Disclosure, which includes the Electronic Funds Transfer Disclosure & Agreement. Please refer to the brochure for details regarding electronic transactions and liabilities. You must immediately notify UMe Federal Credit Union, if a signer is to be removed and if ATM or Debit access is to be canceled. Failure to do so will release liability from UMe Federal Credit Union commercial deposits consisting of a large quantity of checks/cash will not be accepted through an ATM. All ATM deposits are subject to our Funds Availability Policy.

## CORPORATE RESOLUTION

**RESOLVED THAT:** I/we are authorized to (a) enter into this Deposit Agreement on, (b) draw checks on this account, and (c) execute any document (including, but not limited to, facsimile signature authorization agreements, wire transfer agreements, automated clearinghouse agreements, lockbox and other cash management agreements, and payroll deposit agreement(s) and take any action on behalf of this organization to carry out the terms of herein, including those drawn to the order of any officer or other authorized signer on this account.

I certify that: This is a copy of the resolution adopted by \_\_\_\_\_ and the signatures appearing in the signature section below are those of the persons authorized to withdraw funds in accordance with this resolution until such authority is revoked by giving written notice to the Credit Union signed by authorized officers of this organization; this resolution is still in force.

Date \_\_\_\_\_ Owner/President/Secretary Signature \_\_\_\_\_

**ACCOUNT AUTHORIZATION AND AGREEMENT**

The credit union may obtain credit reports or other information about the owner(s)/principal(s) authorized signer(s).

I/we have full authority and legal capacity to open and maintain these accounts. The Authorized Signer(s) can originate wire transfers, or make telephone transfers, regardless of the number of signatures required to pay a check or make a withdrawal.

By signing below, I/we certify that the information reported in the TIN Certification section is correct.

We, the undersigned:  **President and Secretary/Treasurer**,  **Partners**,  **Owner**, respectively, of \_\_\_\_\_, certify that at a regularly held meeting, the following persons were, by resolution, designated as authorized transactors on this account:

**OWNER/AUTHORIZED SIGNER PERSONAL INFORMATION**

By virtue of the authority vested in the below authorized signers by the constitution, bylaws, or otherwise, they, or any one of them, acting ALONE OR SEVERALLY, are authorized and empowered to transact business of any character whatsoever in connection with this account. We certify that his/her/their authority shall continue in force until written notice to the contrary is provided to the Credit Union.

**NAME 1**

Last Name	First Name	(MI)	SSN/TIN
Street Address	City	State	Zip Code
Driver's License Number	State	Expiration Date	Date of Birth
( )	( )	Mother's Maiden Name	
Home Phone Number	Cell Phone Number	Email Address	
Employer	Occupation/Job Title	( ) Work Phone Number	
Work Address	City	State	Zip Code
Signature: _____		Date: _____	

**NAME 2 (if applicable)**

Last Name	First Name	(MI)	SSN/TIN
Street Address	City	State	Zip Code
Driver's License Number	State	Expiration Date	Date of Birth
( )	( )	Mother's Maiden Name	
Home Phone Number	Cell Phone Number	Email Address	
Employer	Occupation/Job Title	( ) Work Phone Number	
Work Address	City	State	Zip Code
Signature: _____		Date: _____	

**NAME 3** (if applicable)

_____ Last Name	_____ First Name	_____ (MI)	_____ SSN/TIN	
_____ Street Address	_____ City	_____ State	_____ Zip Code	
_____ Driver's License Number	_____ State	_____ Expiration Date	_____ Date of Birth	_____ Mother's Maiden Name
(_____)_____ Home Phone Number	(_____)_____ Cell Phone Number	_____ Email Address		
_____ Employer	_____ Occupation/Job Title	(_____)_____ Work Phone Number		
_____ Work Address	_____ City	_____ State	_____ Zip Code	
Signature: _____ Date: _____				

**NAME 4** (if applicable)

_____ Last Name	_____ First Name	_____ (MI)	_____ SSN/TIN	
_____ Street Address	_____ City	_____ State	_____ Zip Code	
_____ Driver's License Number	_____ State	_____ Expiration Date	_____ Date of Birth	_____ Mother's Maiden Name
(_____)_____ Home Phone Number	(_____)_____ Cell Phone Number	_____ Email Address		
_____ Employer	_____ Occupation/Job Title	(_____)_____ Work Phone Number		
_____ Work Address	_____ City	_____ State	_____ Zip Code	
Signature: _____ Date: _____				

**\*PAYABLE-ON-DEATH (POD) PROVISION AUTHORIZATION | PLEASE NOTE: POD Provision is available only for Sole Proprietorships.**

_____ POD Payee (1) Last Name	_____ First Name	_____ (MI)	_____ SSN
_____ Street Address	_____ City	_____ State	_____ Zip Code
(_____)_____ Phone Number	_____ Date of Birth	_____ Relationship	_____ Distribution Amount %

_____ POD Payee (2) Last Name	_____ First Name	_____ (MI)	_____ SSN
_____ Street Address	_____ City	_____ State	_____ Zip Code
(_____)_____ Phone Number	_____ Date of Birth	_____ Relationship	_____ Distribution Amount %

**BUSINESS ACCOUNT OPENING DOCUMENTATION REQUIREMENTS**

**Sole Proprietor\* / Doing Business As (DBA):**

- Completed UMe Business Account Signature Card
- Recorded Fictitious Business Name Statement **OR** Business License
- Tax ID Issuance Confirmation from IRS *(if applicable)*

**Limited Partnership:**

- Completed UMe Business Account Signature Card
- Certificate of Limited Partnership (LP-1) **OR** Recorded Fictitious Business Name Statement
- Tax ID Issuance Confirmation from IRS

**Limited Liability Company (LLC):**

- Completed UMe Business Account Signature Card
- Statement of Information **AND** Articles of Organization (LLC-1) - both *must be stamped "FILED" by State of California*
- Tax ID Issuance Confirmation from IRS

**General or Informal Partnership:**

- Completed UMe Business Account Signature Card
- Partnership Agreement **OR** Fictitious Business Name Statement
- Tax ID Issuance Confirmation from IRS

**Corporation:**

- Completed UMe Business Account Signature Card
- Statement of Information **AND** Articles of Incorporation - both *must be stamped "FILED" by State of California*
- Tax ID Issuance Confirmation from IRS

**Non-Profit Organization:**

- Completed UMe Business Account Signature Card
- Company Charter **OR** By-Laws - *must include statement confirming non-profit status in accordance with IRS code*
- Tax ID Issuance Confirmation from IRS

for UMe  
use only

chexsystems    ofac    scan id(s)    address verification    credit report    safety net    date: \_\_\_\_\_

\_\_\_\_\_  
verified by ( employee initials)