

# LAFCU Business Account Agreement

**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.

1. Does the business sell, cash or exchange checks, travelers checks, stored value products (gift cards, AMEXCASH cards, etc.) in a total amount of more than \$1,000 on any one day?  Yes  No  
If yes, provide a written description of services and major customers to whom you provide these services, if any.
2. Does the business convey funds electronically as a service or on behalf others?  Yes  No
3. Does the business place, receive or otherwise knowingly transmit any bets or wagers by any means?  Yes  No  
If yes, does it involve in any way the use of the internet?  Yes  No

## Type of Business

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship                       | <input type="checkbox"/> Limited Liability Corp. |
| <input type="checkbox"/> Partnership                               | <i>Tax Classification:</i>                       |
| <input type="checkbox"/> Association – Not for Profit              | <input type="checkbox"/> D – Disregarded entity  |
| <input type="checkbox"/> Limited Partnership                       | <input type="checkbox"/> C - Corporation         |
| <input type="checkbox"/> Corporation – For profit & Not for Profit | <input type="checkbox"/> P - Partnership         |

## Business/Organization Information

Name	
Nature of Business	
Physical Address	
Mailing Address (if different)	
Phone	- -
Mobile Phone	- -
Fax	- -
E-Mail	
EIN/TIN/SSN	
State/County & Date of Organization	Dated:
Expiration Date of Authority/DBA	
Previous Financial Institution	
Eligibility	

## Backup Withholding Certifications

*(If not a "U.S. Person" certify foreign status separately.)*  
**TIN:**  
 **Taxpayer ID Number (TIN)** – The number shown above 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 Regulations.  
**I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).**

X \_\_\_\_\_ Date:

## Owner/Signer Information 1

Member No. \_\_\_\_\_

**Account Title & Address**

## Accounts & Services Requested

<i>Account Description &amp; Number</i>	<i>Initial Deposit/Source</i>
20 Business Primary Savings	\$0.00
	\$0.00
	\$0.00
	\$0.00

  

<input type="checkbox"/> Business ATM/Debit	<input type="checkbox"/> Direct Dial Teller
<input type="checkbox"/> Home Banking	<input type="checkbox"/> Bill Payer Service
<input type="checkbox"/> Business Loan Services	<input type="checkbox"/> Business Credit Card

## Signatures

I/We hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of LAFCU. I/We certify the signature(s) on this Agreement apply to all accounts designated on this Business Account Agreement; and all information provided is true and correct. I/We also acknowledge that I/we have received and agree to be bound by any terms and conditions on this Agreement, and in the Business Account Disclosure of the Credit Union, Business Account Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above, including funds representing the payment of Social Security, Veterans benefits or any other funds that may be subject to limitations under federal or state laws, secure payment of any account owner(s) obligations to the Credit Union.**

The undersigned authorize the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(s) on them as individuals.

- |   |  |
|---|--|
| <p>[X] _____ ]</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</p> <p>[X] _____ ]</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</p> <p>[X] _____ ]</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</p> <p>[X] _____ ]</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</p> |  |
|---|--|

Name	
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