

BUSINESS ACCOUNT SIGNATURE CARD AND AGREEMENT

For Sole Proprietorships with TIN



Making a real difference

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www.bayfed.com

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 with a role on the account. What this means to you: when you open a business account we will ask for your business documents, business address and EIN, the name, residential address, date of birth, TIN and other information for each account signer to allow us to identify you. We will also ask to view and record valid unexpired government issued picture identification. All signers will be verified through Chexsystems and/or Credit Bureau Report and OFAC. The credit union reserves the right to limit services based on information provided by credit reporting agencies and/or Chexsystems after the account is opened.

OWNER'S INFORMATION	Owner's Full Name (First, Middle, Last)		Title		TIN		
	Residential Address			City		State	Zip
	Work Phone	Cell Phone	Work Email		Mother's Maiden Name		Date of Birth
	ID Type	ID	Place of Issue		Issue Date	Expiration Date	
	Signature		CREDIT UNION USE ONLY				
	X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	<input type="checkbox"/> ATM <input type="checkbox"/> Check Card <input type="checkbox"/> None Pan # _____		

BUSINESS INFORMATION	Sole Proprietor Business Name		Member Number			
	Business Physical Address (No PO boxes)					
	City			State		Zip
	Business Phone		Business Fax		Email	
	Business Alternate Mailing Address (if different from above)					
	Street Address					
	City			State		Zip
	Business Purpose			Years In Business		Number Of Employees
	Annual Gross Sales (\$) \$ _____			Monthly Volume Estimate Cash Deposits/Withdrawals (\$) \$ _____		
	Wire Transfers: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Both Estimated Number per month: _____ Check Cashing or 3rd party Checks <input type="checkbox"/> Y <input type="checkbox"/> N Estimated Number per month: _____					
In accordance with the Unlawful Internet Gambling Enforcement Act of 2006, and recently instituted Regulation GG, I/we understand that certain illegal internet gambling transactions may not be processed through my/our account or relationship with Bay Federal Credit Union. Restricted transactions include accepting credit, funds, instruments or other proceeds from another entity in connection with unlawful internet gambling. I/we understand that any prohibited transactions detected during ongoing account reviews may result in account closure. I/we hereby certify that our account(s) will not be utilized for illegal internet gambling.						
Signature					Date	
X						

ACCOUNTS AND SERVICES	<input type="checkbox"/> Business Membership Savings Account Number: _____	<input type="checkbox"/> Business Checking Plus Account Number: _____
	<input type="checkbox"/> Business Money Market Account Number: _____	<input type="checkbox"/> Business Checking Account Number: _____
	<input type="checkbox"/> Business Certificate Account Number: _____	<input type="checkbox"/> Business Secondary Savings Account Number: _____
	<input type="checkbox"/> Additional Product Type: _____ Account Number: _____	<input type="checkbox"/> Additional Product Type: _____ Account Number: _____

OVERDRAFT	<input type="checkbox"/> would like Overdraft Protection from the following accounts: <input type="checkbox"/> I do not want Overdraft Protection _____ (Initial)			
	Business Savings Account Number	Business Money Market Account Number	Business Visa Account Number	Other Business Account Number
ONLINE	<input type="checkbox"/> I/We hereby authorize our Organization/Business to have access to account through BayFed Online.			
	<input type="checkbox"/> I/We do not wish to have access through BayFed Online.			
Administrator of Online Access (Must be owner of account)		Title	Email	
Terms and Conditions of Business Account Agreement. If I am (We are) not currently a member, I (we) hereby apply for membership in Bay Federal Credit Union and certify that I am (we are) within the Credit Union's field of membership. I (We) understand that by signing this agreement I am (we are) opening a business purpose account with the Credit Union and that I (we) own this account as noted above. I (we) understand that there are rules and regulations that the Credit Union and I (we) must follow. I (we) agree to conform to your bylaws and I (we) agree to follow the Credit Union's rules and regulations as explained in the brochures, Business Account Agreement and Disclosures, Business Savings and Investment Rates, Business Fee Schedule and Privacy Policy. Accounts held in the name of a business, organization, or association member are subject to all of the conditions and terms contained in the Truth in Savings Disclosure for natural person accounts, and the following additional rules. No Pay Upon Death beneficiary designation or other designation shall apply to the account. You agree to notify the Credit Union of any change in business ownership or authority of authorized signers. The Credit Union may rely on your written authorization until such time as the Credit Union is informed of changes in writing and has had a reasonable time to act upon such notice. The Credit Union may require that third-party checks payable to a business may not be cashed, but must be deposited to a business account. You agree that the Credit Union shall have no notice of any breach of fiduciary duties arising from any transactions by any agent of the account owner, unless the Credit Union has actual notice of such breach. Acknowledgement of Disclosures: My initials below indicate that I (we) have received the disclosures mentioned above.				
Signature of Owner		Print Name	Date	
X				

AUTHORIZED SIGNERS	<input type="checkbox"/> I am the only signer on this account _____ (please initial) <input type="checkbox"/> Please add the following authorized signers to this account _____ (please initial)				
	Name #1 (First, Middle, Last)		Title	TIN Number	Date of Birth
	Residential Address			City	State Zip
	Work Phone		Cell Phone	Work Email	Mother's Maiden Name
	ID Type	ID Number	Place of Issue	Issue Date	Expiration Date
	Signature		CREDIT UNION USE ONLY		
	X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	<input type="checkbox"/> ATM <input type="checkbox"/> Check Card <input type="checkbox"/> None Pan # _____
	Name #2 (First, Middle, Last)		Title	TIN Number	Date of Birth
	Residential Address			City	State Zip
	Work Phone		Cell Phone	Work Email	Mother's Maiden Name
ID Type	ID Number	Place of Issue	Issue Date	Expiration Date	
Signature		CREDIT UNION USE ONLY			
X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	<input type="checkbox"/> ATM <input type="checkbox"/> Check Card <input type="checkbox"/> None Pan # _____	
<input type="checkbox"/> Additional Signers on this Account—See Addendum A.					

CERTIFICATION OF TAX PAYER ID	<p>Part I. Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" Part I. Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number To Give the Requester."</p>	<p>Social Security Number/TIN</p>
	<p>Part II. Certification By signing below, you certify, under the penalties of perjury, that:</p> <ol style="list-style-type: none"> 1. The number shown on this form is your correct Taxpayer Identification Number, and 2. You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and 3. You are a U.S. person (including a U.S. resident alien). <p>Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>	
<p>Signature of U.S. Person</p> <p>X</p>		<p>Date</p>

CREDIT UNION USE ONLY	<input type="checkbox"/> Fictitious Business Name Statements <input type="checkbox"/> Business Name, TIN and Business Address via entry <input type="checkbox"/> Other		
	<p>My signature below confirms that I have obtained copies of all required business documentation as detailed above; I have identified all signers per the CIP rules; I have verified all parties through ChexSystems or Credit Report and through OFAC; I have reviewed this account agreement for completeness prior to entering information in the system.</p>		
	Bay Federal Representative's Signature	Cash Box Number	Date Opened
	Card Reviewed by	Date Reviewed	

REFERRAL	Referred by	EE	MBR	Other
	Notes:			