

BUSINESS ACCOUNT SIGNATURE CARD AND AGREEMENT



Making a real difference

3333 Clares Street, Capitola, CA 95010
831.479.6000 • 888.4BAYFED
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.

BUSINESS INFORMATION	Business Name		Business or Organization Member Number		Business EIN Number	
	DBA Name (If applicable)				ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ownership: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor with EIN <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Limited Liability, LLC <input type="checkbox"/> Limited Liability, LLP					
	Business Physical Address (no PO boxes)					
	City				State	Zip
	Business Phone		Business Fax		Business Email	
	Alternate Mailing Address (If different from above)					
	Street Address					
	City				State	Zip
	Business Purpose		SIC Code		Years In Business	# 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 # per month: _____ Check Cashing or 3rd party Checks <input type="checkbox"/> Y <input type="checkbox"/> N Estimated # 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 X				Date		

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: _____	
	<input type="checkbox"/> I would like Overdraft Protection from the following accounts: <input type="checkbox"/> I do not want Overdraft Protection _____ (Initial)			
	Business Savings Account #	Business Money Market Account #	Business Visa Account #	Other Business Account #
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	

Continued

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."

EIN or Employer Identification Number

Part II. Certification By signing below, you certify, under the penalties of perjury, that:

- 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).

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.

Signature of U.S. Person

X

Date

We, the undersigned President and Secretary/Treasurer, Partners, respectively, of _____ certify that at a regularly held meeting, the following officers listed on page 2 are by resolution authorized signers on this account:

#1	#2	#3
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Additionally, the following authorized signers were by resolution designated as authorized transactors on this account:

RESOLUTION AUTHORIZED SIGNERS

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 X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	CREDIT UNION USE ONLY <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 X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	CREDIT UNION USE ONLY <input type="checkbox"/> ATM <input type="checkbox"/> Check Card <input type="checkbox"/> None Pan # _____			
Name #3 (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 X		ChexSystems <input type="checkbox"/> Yes <input type="checkbox"/> No	OSI Person Number	CREDIT UNION USE ONLY <input type="checkbox"/> ATM <input type="checkbox"/> Check Card <input type="checkbox"/> None Pan # _____			

and that by virtue of the authority vested in them 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 (including, but not limited to wire transfer agreements, automated clearinghouse agreements and stop payments) 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 or other authorized signer on this account. We certify that his/her/their authority shall continue in force until written notice to the contrary is received by you.

In Witness Whereof, we have hereunto set our hands this _____ day of _____, 20_____.

President/Executive Officer (please print)	Signature X	General Partner (please print)	Signature X
Secretary/Treasurer (please print)	Signature X	Partner (please print)	Signature X
General Partner (please print)	Signature X	Partner (please print)	Signature X

CU USE ONLY

Fictitious Business Name Statements Business Name, TIN and Business Address via entry Other: _____

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.

Bay Federal Representative's Signature	Cash Box #	Date Opened
Card Reviewed by		Date Reviewed

REFERRAL

Referred by	EE	MBR	Other
Notes:			