



Credit Union Account No. \_\_\_\_\_

# AMERICAN FIRST CREDIT UNION

## BUSINESS/ORGANIZATION SHARE ACCOUNT SIGNATURE CARD AND AGREEMENT

### MEMBERSHIP ELIGIBILITY - Check one

- Authorized Signer / Officer / Owner is a member of American First Credit Union
- Business is  owned / operated within field of membership  
 is a Select Employer Group

#### 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 you: When you open an account with American First Credit Union, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see and copy your driver's license or other identifying documents.

### Select Business Type

- Sole Proprietorship     Limited Liability Company (LLC)     Non-Profit     Political Campaign
- Partnership     Corporation     Associations / Organizations / Other

### Select Account Type

- Business Savings (Membership Account)
- Checking Account    Type: \_\_\_\_\_
- Business Money Market
- Certificate Account    Type: \_\_\_\_\_

Name of Business \_\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Principal Line of Business	Description of Business Operations	6-Digit NAICS Code

Business Address	City	State	Zip

Mailing Address (if different from Business Address)	City	State	Zip

Business Phone Number	Cell Phone <input type="checkbox"/> Same as Business	Fax Number

Email Address \_\_\_\_\_

**TAX CERTIFICATION:** By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, or (b) has never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified by the IRS that it is no longer subject to backup withholding. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (FATCA does not apply as this is a US account). I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

Check this box if this business is subject to backup withholding.

Print Name _____	Print Title _____	X Authorized Signature _____
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Credit Union Account No. \_\_\_\_\_

**Current Authorized Signers / Partners / Officers**

**Person 1**

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address City State Zip

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell Mother's Maiden Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ or  Other: \_\_\_\_\_

Name 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Person 2**

Name 2: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address City State Zip

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell Mother's Maiden Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ or  Other: \_\_\_\_\_

Name 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Person 3**

Name 3: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address City State Zip

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell Mother's Maiden Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ or  Other: \_\_\_\_\_

Name 3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Person 4**

Name 4: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address City State Zip

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell Mother's Maiden Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ or  Other: \_\_\_\_\_

Name 4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment of Disclosures**

Your initials below indicate that you have received the following:

- \_\_\_\_\_ All About Your Business Accounts (terms and conditions)
- \_\_\_\_\_ Schedule of Fees and Charges for Accounts
- \_\_\_\_\_ Rate Schedule
- \_\_\_\_\_ Information on Optional Overdraft Protection Service





Credit Union Account No. \_\_\_\_\_

### CERTIFICATION OF BENEFICIAL OWNERS

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name of Natural Person Opening Account: \_\_\_\_\_ Title: \_\_\_\_\_

b. Name of Legal Entity for Which the Account is Being Opened: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Full Name	%	Date of Birth (MM/DD/YY)	Street Address, City, State, Zip (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

(If no individual meets this definition, please write "Not Applicable.")

<sup>1</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
  - Any other individual who regularly performs similar functions.
- (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Full Name	Date of Birth (MM/DD/YY)	Street Address, City, State, Zip (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

<sup>1</sup>In lieu of a passport number, non-U.S. persons may also provide an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

As the authorized agent for \_\_\_\_\_, I bind \_\_\_\_\_ to notify the Credit Union of any changes in the beneficial ownership information.

<b>Application Approved By</b> – if applicable (Print Name):	Title:
Signature:	Date:
<b>Application Audited By</b> (Print Name)	Title:
Signature:	Date:





**RESOLUTION OF AUTHORITY**

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

**Business Type:**

- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Corporation
- Association/Organization/Other

**Resolution by Corporation/Association/Organization/Other**

**Resolved that**, the \_\_\_\_\_ **(entity title[s])** is/are authorized to open and maintain accounts with American First Credit Union as indicated on this form, a copy of which has been presented to the meeting of the directors/officers of \_\_\_\_\_ **(entity title[s])**. **Further resolved**, that the persons identified as authorized signers on this card are authorized to conduct all business on financial institution accounts for this entity, including but not limited to: (1) opening accounts, (2) closing accounts, and (3) depositing and withdrawing funds consistent with indicated signature authorizations.

**Authorized Signers:** The signature of any one of the individuals listed below is sufficient to conduct business on this account, including closing the account. **American First Credit Union (AFCU) cannot honor multiple signature requirements.**

Print Name	Taxpayer ID No	Signature
Print Name	Taxpayer ID No	Signature
Print Name	Taxpayer ID No	Signature
Print Name	Taxpayer ID No	Signature

**Certification:** I certify that: (1) **I am the Secretary of this corporation or association**, (2) the above is a true and correct copy of resolutions adopted by the directors of the corporation or officers of the association at a meeting held on \_\_\_\_\_ **(insert date)**, and (3) these resolutions remain in effect and have not been modified. Completion of this form (1) requests AFCU to open the account(s) requested, (2) authorizes AFCU to verify information on this form with third parties such as credit or debit agencies, (3) authorizes AFCU to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer, and (4) agrees that AFCU may rely on signature authority indicated on this form until notified otherwise in writing. All accounts opened will be subject to state and federal laws and AFCU bylaws, policies, and rules. By signing this form, account holder(s) acknowledges(s) receipt of and agree(s) to the terms, conditions, rates, and charges established by AFCU for the type of account being opened, as stated in the account disclosures as amended from time to time. Account holder(s) certify that the accounts opened will not be used for personal, family, or household purposes. Truth in Savings Disclosures are not required for business accounts.

Executed on \_\_\_\_\_ at \_\_\_\_\_.

(date) (City) (State)

Secretary's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Eligibility to Maintain This Account:** Account Holder(s) further certify that the business for which this account is requested is eligible for membership in American First Credit Union because it is located within Riverside, San Bernardino, or Orange County, or its 14 surrounding cities. Businesses may also be eligible for membership outside these counties/cities if all owners of the business are eligible through their employer(s), their immediate family members (spouses, parents, children or siblings by blood, marriage or adoption or other legal relationship), or because a person with whom they share a household belongs to American First Credit Union.

**Certification by Sole Proprietorship/Partnership/LLC/LLP**

By signing below, I/we certify (check one):

- I am the sole owner of the sole proprietorship requesting and depositing funds to this/these account(s).
- We are all partners of the general partnership requesting and depositing funds to this/these account(s).
- I/We am/are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s).
- I/We am/are all of the partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s).  
This is not a fiduciary account (such as an attorney-client trust account).

I/We certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/We agree on behalf of the named business entity to all terms stated on this card and any separate account agreements provided to me/us.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature