

NEW UPDATE DATE: _____

Business Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

Suffix* Suffix*

- | | |
|--|--|
| <input type="checkbox"/> Share/Savings: _____
<input type="checkbox"/> Share Draft/Checking: _____
<input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|--|

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

- | | |
|---|---|
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority below.):

<input type="checkbox"/> PC Access/Internet Banking
<input type="checkbox"/> Audio Response | <input type="checkbox"/> ATM Card: _____
<input type="checkbox"/> Debit Card: _____
<input type="checkbox"/> Other: _____ |
|---|---|

MEMBER/ACCOUNT OWNER INFORMATION

NAME MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> C Corporation
<input type="checkbox"/> S Corporation
<input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC (Limited Liability Company)
Select Tax Classification:
<input type="checkbox"/> C = C Corporation
<input type="checkbox"/> S = S Corporation
<input type="checkbox"/> P = Partnership | <input type="checkbox"/> Partnership:
<input type="checkbox"/> General
<input type="checkbox"/> Limited
<input type="checkbox"/> Limited Liability | <input type="checkbox"/> Unincorporated Organization
<input type="checkbox"/> Association/Club
<input type="checkbox"/> Trust/Estate
<input type="checkbox"/> Other: _____ |
|--|--|---|---|

ACCOUNT INFORMATION

STATE ORGANIZED	EIN/TIN		
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED
MAILING ADDRESS			
PHYSICAL ADDRESS			
BUSINESS PHONE	OTHER PHONE	WEB SITE ADDRESS/EMAIL	
VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)	NATURE OF BUSINESS		

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS	MOTHERS MAIDEN NAME		PASSWORD
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

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OVERDRAFT PROTECTION AUTHORIZATION

Overdraft protection is available from savings accounts, Visa accounts and lines of credit under the same membership as the checking account as well as from savings, Visa or lines of credit under other member numbers. Transfers from other memberships must be authorized by all signers of that membership. A \$5 fee is posted to your checking account for each transfer. Multiple transfers per day are possible. A transfer from a Visa account is considered a cash advance with finance charges accruing from the date of the transfer until the advance is fully paid. Visa and line of credit transfers are made in \$50 increments. **IF YOUR VISA OR LINE OF CREDIT MINIMUM PAYMENT IS PAST DUE, THE TRANSFER WILL NOT BE MADE.**

I DO want overdraft protection coverage for my Santa Cruz Community Credit Union checking account from my savings account(s), Visa account(s) and/or line(s) of credit in the following order:

Savings/Visa/LOC
Account Number

First, transfer available funds from: _____
 Then, if necessary, transfer available funds from: _____
 Then, if necessary, transfer available funds from: _____

I DO NOT want overdraft protection coverage

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- (1) *The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and*
- (2) *The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and*
- (3) *The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.*

Certification Instructions. Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION FOR NEW MEMBERSHIP

____ Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____

SIGNATURE DATE

TITLE:

X _____

SIGNATURE DATE

TITLE:

X _____

SIGNATURE DATE

TITLE:

X _____

SIGNATURE DATE

TITLE:

AUTHORIZATION FOR MEMBERSHIP UPDATES

On behalf of the Account Owner, the undersigned agree(s) that the changes noted herein amend the previously signed Business Account Card. The undersigned also acknowledge(s) receipt of an agreement to the Funds Availability Policy Disclosure and other disclosures, as applicable, for accounts and services requested above.

X

SIGNATURE DATE
TITLE:

X

SIGNATURE DATE
TITLE:

X

SIGNATURE DATE
TITLE:

X

SIGNATURE DATE
TITLE:

FOR CREDIT UNION USE ONLY

DATE MEMBERSHIP OPENED BY