

Business Deposit Account Contract • Part 1



PO Box 618
Bridgeport, MI 48722
800-772-8728
www.unitedfinancialcu.org

OFFICE USE ONLY	Number(s) _____	Business Name _____
	_____	_____
	_____	DC/ATM _____

INFORMATION ABOUT THE BUSINESS (or Organization) 1

Name of Business or Organization _____				Phone Number(s) _____		
Address _____		City _____	State _____	ZIP _____	Taxpayer ID Number _____	E-mail _____
Mailing Address (if different from Address) _____		City _____	State _____	ZIP _____	Type of Business or Organization _____	Verification of Business or Organization _____

ACCOUNT(S) Savings Checking Certificate Account—please send me a receipt/a certificate form 2

SERVICE(S) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> Virtual Branch <input type="checkbox"/> U.S. 24 <input type="checkbox"/> E-Statements <input type="checkbox"/> Net Pay 4
<input type="checkbox"/> Overdraft <input type="checkbox"/> S1 <input type="checkbox"/> L4 <input type="checkbox"/> Other _____ Pay Overdrafts for: <input type="checkbox"/> Checks/ACH <input type="checkbox"/> Debit Card/ATM Transactions

REPRESENTATIVE INFORMATION (People who can access, change, add and close the account(s)) 4

Representative 1 Name _____	Title _____	Address _____	City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Social Security Number _____	Date of Birth _____	E-mail Address _____	
Driver's License - State, Number & Exp. Date _____		Employer _____	Employer Phone _____	Mother's Maiden Name/Pass _____	

Representative 2 Name _____	Title _____	Address _____	City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Social Security Number _____	Date of Birth _____	E-mail Address _____	
Driver's License - State, Number & Exp. Date _____		Employer _____	Employer Phone _____	Mother's Maiden Name/Pass _____	

SIGNER (A person who can do transactions, but who cannot change, add and close the account(s)) 5

Name _____	Title _____	Address _____	City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Social Security Number _____	Date of Birth _____	E-mail Address _____	
Driver's License - State, Number & Exp. Date _____		Employer _____	Employer Phone _____	Mother's Maiden Name/Pass _____	

TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
 I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form) 6

ACKNOWLEDGEMENT: The business (or organization) is a member or applies for membership pursuant to United Financial Credit Union's (referred to as "we", "us" & "our") bylaws, policies, and this Contract. The business (or organization) and authorized person(s) (referred to as "you", "your", "representative" & "signer") request the account(s) and services selected on this Part 1 account form, and acknowledge receiving a copy of Part 2 of this Contract, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 of this Contract has been e-mailed to Representative 1 if an address was provided. You promise the information provided in Part 1 is accurate, and that Part 1 has been completed according to your instructions, as confirmed by your signature(s), use of an account or service, or receipt or availability of a statement. You agree we may obtain and use credit and account reports to verify your eligibility for accounts and services we offer. You understand this Contract governs all your accounts and services with us, and agree that we may rely exclusively on this Contract and have no obligation to rely on any other documents. You agree we may change this Contract from time to time, and that such changes are binding on you. You understand you may obtain a copy of this Contract from us during business hours (and Part 2 from our website at any time), and may initiate, change, add, close or terminate an account, service or membership at any time according to this Contract.
1. Authority of an Authorized Person of the Account Owner. You agree that each authorized person (a "representative" & "signer") named in Part 1 of this Contract is authorized to act on behalf of you for your accounts and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions and initiate, open, change, add, close or terminate accounts and services, and a signer may conduct transactions on accounts, as explained in Part 2 of this Contract. You affirm that the business (or organization) is the owner of the account, and that the name provided is the complete and correct name of the account owner. Each officer, partner, member, manager and authorized person (as applicable) warrants that the business (or organization) has been duly formed and currently exists.
2. Certificate of Authority & Liability. You understand and agree that the authority given to an authorized person named on Part 1 and addressed in Part 2 of this Contract will remain in full force until written notice of revocation is delivered to and received by us. A representative must notify us of any change to any aspect of the business (or organization) that affects this Contract before the change occurs, and you agree that we are not liable for any losses due to the failure to notify us of such changes. You and each authorized person agree that we have no notice of any breach of fiduciary duties by any authorized person unless we have actual notice of wrongdoing. Further, you and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to the account or business (or organization). To assure consent to and the legitimacy and accuracy of this Part 1 account form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing below, using an account or service, or receipt or availability of a statement, you agree to this Contract (Parts 1 & 2). *The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 6 above).* 7

Representative 1 Signature _____	Representative 2 Signature _____	Signer Signature _____	I agree to be removed from the account(s) _____
State of _____ in the county of _____ Notary _____			
This Contract was signed before me on _____		Commission Expires _____	
by _____			
Name(s) of Representatives(s), Signer(s) _____			

OFFICE USE ONLY	CU Employee Name _____	ID Number _____	Date _____	FICO _____	<input type="checkbox"/> Reviewed
	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> C _____				
					<input type="checkbox"/> OOPS