

Important Information About Opening a New Account. To help our 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 when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

Section 1: Business Information

BUSINESS INFORMATION

Type of Business: Sole Proprietorship Corporation (For Profit) Corporation (Not For Profit) Limited Liability Company Partnership
 Association Club Nonprofit Organization Other

Name of Business: _____	Business Tax ID No. _____
Street: _____	Date Business Established: _____
City/State/Zip: _____	Business Qualifies for Membership Through: _____
Business Phone: _____	Entity Email Address: _____
Alternate Phone: _____	

Section 2: Election of Accounts and Services

ELECTION OF ACCOUNTS AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change.

Account Type/Suffix

- Savings: # _____
- Small Business Checking: # _____
- Business Edge Checking: # _____
- Business Premier Checking: # _____

Account Change

- Add Signer(s)
- Remove Signer(s)
- Change Primary Signer

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

Section 3: Authorized Signers

Primary Authorized Signer

Member/Owner Name: _____	SSN/TIN: _____
Position: _____	Date of Birth: _____
Street: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____
Cell Phone: _____	ID Issuing Date: _____ ID Exp. Date: _____
Work Phone: _____	E-Mail: _____

Authorized Signer 1

Member/Owner Name: _____	SSN/TIN: _____
Position: _____	Date of Birth: _____
Street: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____
Cell Phone: _____	ID Issuing Date: _____ ID Exp. Date: _____
Work Phone: _____	E-Mail: _____

Authorized Signer 2

Member/Owner Name: _____	SSN/TIN: _____
Position: _____	Date of Birth: _____
Street: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____
Cell Phone: _____	ID Issuing Date: _____ ID Exp. Date: _____
Work Phone: _____	E-Mail: _____

Authorized Signer 3

Member/Owner Name: _____	SSN/TIN: _____
Position: _____	Date of Birth: _____
Street: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____
Cell Phone: _____	ID Issuing Date: _____ ID Exp. Date: _____
Work Phone: _____	E-Mail: _____

Authorized Signer 4

Member/Owner Name: _____	SSN/TIN: _____
Position: _____	Date of Birth: _____
Street: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____
Cell Phone: _____	ID Issuing Date: _____ ID Exp. Date: _____
Work Phone: _____	E-Mail: _____

Section 5: TIN Certification**TIN CERTIFICATION**

Under the penalties of perjury, I certify that: (1) The number shown on this form is the current taxpayer identification number of the named Business; and (2) the Business is not subject to backup withholding because: (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service ("IRS") that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Business that it is no longer subject to backup withholding; and (3) I am a U.S. Person (including a U.S. resident alien.) The undersigned must cross out item (2) above if the Business has been notified by the IRS that it is currently subject to backup withholding because of underreporting interest or dividends on its tax return. If you are a foreign person/sole proprietor, cross out above certification section and do not sign below. Complete the appropriate form W-8.

Taxpayer Identification Number: _____

In witness whereof, I have set my hand at: _____ (city), _____ (state), this _____ day of _____, 20____.

By: _____ (Print Name), _____ (Signature), _____ (Position in Business/Organization).

Section 6: Acknowledgments and Signatures

ACKNOWLEDGMENTS

For Account and/or Account Service Requests: By signing below I (we) acknowledge that I (we) have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, E-Sign Act, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time. In addition, by signing below, I (we) understand and agree that this Signature Card shall govern all services and access devices ("Accounts") opened under the account. I(We) understand that there is a \$5.00 minimum deposit required to become a business member of COPFCU and that it is to be maintained at all times for membership privileges to be available to me(we). I (We) understand that there are rules and regulations that the Credit Union and I (we) must follow. I (We) agree with each other and the Credit Union that only the primary signer may establish verbally or in writing additional accounts or services associated with a master account number. The primary signer will have voting rights on behalf of the member company / organization. I (We) agree that the Credit Union is authorized to recognize any of the signatures below for the transaction of any business for this account and that the authority of each signer shall continue until as such until receipt by the Credit Union of written notice to the contrary. Until such notice is actually received, the authority conferred herein shall remain in full force and effect and the Credit Union shall be indemnified and held harmless from any loss or liability, including reasonable attorney fees, incurred by it in continuing to act in pursuance of this signature card. I (We) authorize COPFCU to check our employment and checking history and to obtain credit reports as COPFCU considers appropriate. (I (We) hereby grant a security interest / set-off right in any deposit account owned by this entity, regardless of the individual signers on the account, to secure any debt created by any accounts owned by this entity.)

By signing below I (we) have agreed to the acknowledgements above and I (we) certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.

X		X	
Primary Authorized Signer Signature	DATE	Authorized Signer 1 Signature	DATE
X		X	
Authorized Signer 2 Signature	DATE	Authorized Signer 3 Signature	DATE
X			
Authorized Signer 4 Signature	DATE		