

# CHIROPRACTIC FEDERAL CREDIT UNION

## BUSINESS ACCOUNT APPLICATION, AGREEMENT, CERTIFICATION/ RESOLUTION, AND SIGNATURE CARD

### USA PATRIOT ACT NOTICE

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the financing 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 for the Business Entity identified below, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you, the owners of the business, or any person designated as a signatory upon the account by resolution. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

Date \_\_\_\_\_ Account Number \_\_\_\_\_  
Name of Business \_\_\_\_\_ ("Business Entity")  
Business Tax ID # \_\_\_\_\_ State of Incorporation/Organization \_\_\_\_\_  
Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Mailing Address (if different) \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Code Word** – For telephone account access: \_\_\_\_\_

**Type of Business:**  Sole Proprietorship  Partnership (includes limited liability partnership)  Limited Partnership  Corporation  Limited Liability Company  Non-Profit Corporation or Association

In addition to this completed Business Account Application, Agreement, Certification/Resolution and Signature Card ("Application and Agreement"), please provide the Credit Union with the following, as applicable:

**Sole Proprietorship** – If operating under an assumed name, a copy of all assumed name filings recorded at the county clerk's office in all counties where a business location is maintained.

**Partnership** – A copy of the written partnership agreement. Michigan partnerships registered with the Michigan Department of Labor and Economic Growth, Bureau of Commercial Services, Corporation Division ("DLEG"), a copy of the Application to Register a Limited Liability Partnership (or for partnerships formed in a jurisdiction other than Michigan, such similar document filed with that state's applicable governmental agency). If operating as a general partnership under an assumed name, provide a copy of all assumed name filings recorded at the county clerk's office in all counties where a business location is maintained.

**Limited Partnership** – A copy of the written partnership agreement, a copy of the Certificate of Limited Partnership filed with the DLEG, and a copy of a Certificate of Fact Not Cancelled issued by the DLEG (or for limited partnerships formed in a jurisdiction other than Michigan, such similar document filed with that state's applicable governmental agency). For limited partnerships formed in a jurisdiction other than Michigan, please provide a copy of the Application for Registration to Transact Business in Michigan. If the limited partnership is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Corporation** - A copy of the Articles of Incorporation and a Certificate of Good Standing issued by the state of incorporation. For entities formed under the laws of a jurisdiction other than Michigan, a copy of the Application for Certificate of Authority to Transact Business or Conduct Affairs in Michigan filed with the DLEG. If the corporation is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Limited Liability Company ("LLC")** – A copy of the Articles of Organization and a Certificate of Good Standing issued by the state of organization. For entities formed under the laws of a jurisdiction other than Michigan, a copy of the Application for Certificate of Authority to Transact Business in Michigan filed with the DLEG. If the LLC is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

**Non-Profit Corporation ("NPC") or Association** – Please provide a copy of NPC Articles of Incorporation or Association Charter Papers and a Certificate of Good Standing issued by the state of organization. If the NPC is operating under an assumed name, a copy of the Certificate of Assumed Name filed with the DLEG.

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### APPLICATION FOR MEMBERSHIP, AUTHORIZATION AND AGREEMENT

**REQUESTED DEPOSIT ACCOUNT(S) AND SERVICE(S):** {Share Savings \$25.00}  Checking  Share Certificate  Money Market  ATM Card  Debit Card

By signing below, I/we hereby apply for membership of the above-named Business Entity in Chiropractic Federal Credit Union. On behalf of the Business Entity, I/we acknowledge receipt of, and agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy Disclosure, Fees and Charges Schedule, and such other additional documents and disclosures the Credit Union has provided, as applicable, to the accounts and services requested herein. The Business Entity further agrees that the Credit Union may change any term or provision of such agreements, except where the particular agreement or applicable law provides differently, upon providing 30 days written notice.

By signing below, I/we represent that I/we have the legal authority to bind the Business Entity to this Application and Agreement, agree to the terms and conditions of the Membership and Account Agreement, and authorize the Credit Union to verify or obtain further information as it may deem necessary concerning

the Business Entity to verify the information provided and/or evaluate the creditworthiness of the Business Entity or its principals through use of third parties, including consumer reporting agencies.

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform the Business Entity that restricted transactions are prohibited from being processed through this account or relationship with the Credit Union. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, I certify that: (1) the number shown on this Application and Agreement is Business Entity's correct taxpayer identification number (TIN) (or Business Entity is waiting for a number to be issued); (2) Business Entity is not subject to backup withholding because: (a) Business Entity is exempt from back up withholding under the Internal Revenue Service (IRS) regulations, or (b) Business Entity has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified Business Entity that it is no longer subject to backup withholding, and (3) Business Entity is a U.S. citizen (including a U.S. resident alien, sole proprietorship, partnership, corporation, or company or association created or organized in the United States or under the laws of the United States).

Certification Instructions: You must cross out item 2 above if Business Entity has been notified by the IRS that it is currently subject to backup withholding because it failed to report all interest and dividends on its tax return.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

The party signing below must be an empowered person under the certifications/resolution section of this Application and Agreement.

Signature \_\_\_\_\_

Print Name/Title ► \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR BUSINESS SIGNERS**

Each Authorized Business Signer below has the right to individually transact business on the Business Entity's account(s). The undersigned acknowledge(s) the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Business Signer until notified in writing of a change by a person empowered under the certifications/resolution section, and until the Credit Union has had a reasonable amount of time to amend its records. The undersigned acknowledge(s) and agree(s) that the Credit Union shall not be liable for refusing to honor any signature where the Business Entity has not provided the Credit Union a specimen thereof, and shall hold harmless and indemnify the Credit Union from all claims resulting from payments, disbursements, and/or any other actions taken by the Credit Union in good faith in reliance on the actual or facsimile signatures of an Authorized Business Signer.

The undersigned acknowledge receipt of and agree to the terms of this Application and Agreement, the Membership Agreement, the Funds Availability Policy Disclosure, and such other additional documents and disclosures the Credit Union as provided, as applicable to the accounts and services requested herein. I/we further agree to be bound by the Credit Union's bylaws, rules, policies and procedures. **The undersigned understand and agree that the Credit Union's decision to grant membership to the Business Entity will be based on information provided on this Application and Agreement, along with history and information obtained from a consumer reporting agency. The undersigned hereby authorize Chiropractic Federal Credit Union to obtain my/our consumer reports for this purpose.**

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name and title ► \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_ Current Driver's license # \_\_\_\_\_

**FOR CHECKING ACCOUNTS**

(1) The above named organization hereby authorizes the Credit Union to reimburse itself for any draft or other item which it pays, to the extent by which such item exceeds the available share balance in this Account, by transferring sufficient shares from the below listed share accounts. Such advances shall be from the accounts shown below in the order listed, and shall not reduce the available balance in any regular share account below the par value of one share. Such transfers may be subject to a service charge, as determined by the Credit Union from time to time.

Account Numbers \_\_\_\_\_ Signatures(s) of Authorized Representatives \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION/RESOLUTION**

**Resolution**

The Business Entity has applied for membership in Chiropractic Federal Credit Union. The undersigned acknowledges that the following is a true representation of resolutions duly adopted by the Board of Directors/Members/Partners/Governing Body at a meeting, as further described below:

**RESOLVED**, that this Business Entity is hereby authorized to apply for membership and to deposit funds into accounts in Chiropractic Federal Credit Union, and agrees to be bound by the terms and conditions of any such account opened with the Credit Union.

**FURTHER RESOLVED**, that until further written notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose names and titles appear in the "Authorized Signature" section of the Application and Agreement.

**FURTHER RESOLVED**, that the Credit Union is authorized to accept a pledge of all or any part of said account as security for any obligation owed to it by this Business Entity, which shall be executed by any of the same authorized signers.

**FURTHER RESOLVED**, that every authorization previously granted to the Credit Union with respect to the accounts owned by this Business Entity is revoked and rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the adoption of these resolutions are hereby ratified and confirmed. Further that every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Resolution.

**FURTHER RESOLVED**, that the signature(s) set opposite the respective titles below are genuine and that the person(s) whose signature(s) appear on the authorization were incumbents of the office/positions of the business set opposite their respective signature(s) on the date indicated.

Business Entities that are partnerships additionally resolve the following is true and correct:

1. If any other parties become interested in the partnership as co-partners, the partnership relationship is altered in any way, or if the Business should become incorporated, the Partners shall promptly notify the Credit Union.
2. By signing this resolution, Partners represent that they have provided the Credit Union with true and complete copies of the partnership agreement, if any, as amended to the date of this resolution.

**Certification**

The undersigned certifies that he/she is a duly elected, qualified and/or appointed person of the above-named Business Entity, and the foregoing is a complete, true and correct representation of Resolutions duly adopted by the governing body of the Business Entity at a duly constituted meeting called and held on \_\_\_\_\_, in accordance with the governance documents of the Business Entity, at which the appropriate number of persons entitled to vote on the Resolutions voted in favor of the Resolutions, and the Resolutions are recorded in the minutes of the Business Entity (if any), and are now in full force and effect. The undersigned hereunder has subscribed his/her name(s) and affixed the seal, if any, of the Business on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**For a Corporation, Non-Profit Corporation, or Club/Organization**

**For a Sole Proprietorship**

**For Partnership (all general partners must sign)  
For Limited Liability Company (all members must sign)**

\_\_\_\_\_  
Secretary/Officer

\_\_\_\_\_  
Owner/Sole Proprietor

\_\_\_\_\_  
Partner/Member

\_\_\_\_\_  
Partner/Member

\_\_\_\_\_  
Partner/Member