

Business Deposit Account Application and Resolution for Depository Authorization

Please Complete and Sign both pages of Application.



IBM Southeast Employees'
Federal Credit Union

Your time. Your money. Your future.®

Date _____ Business Account #: _____ Tax ID # (TIN): _____

Tax Identification Number (TIN) should be an Employer Identification Number (EIN), unless Sole Proprietor or DBA, which could be a Social Security Number (SSN).

Type of Account: *Check one*

Corporation

Doing Business As (DBA)

Limited Liability Company (LLC)

Limited Partnership

Non-Profit Organization

Sole Proprietor

Type of Business: _____

Incorporation Date: _____

Full Legal Business Name: _____

Business Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Mailing Address: *If Different From Above - Post Office Box or Street Address* _____

City _____ State _____ Zip Code _____

Additional Document(s) Required: *See Business Account Checklist for more information. Check all that Apply, and Attach to this form.*

Articles of Incorporation

Articles of Organization

Bylaws, Charter, Board Meeting Minutes

Corporate Seal

Fictitious Name Affidavit

License to Operate

Partnership Agreement

Trade Name Registration (Georgia)

Account Type(s): *Check all that Apply, and list Account Number. *Checking is required on a Business Account.*

Checking(S57)*: _____ Savings(S2): _____ Money Market: _____

Share Certificate #: _____ Rate: _____ APY: _____ Term: _____ Amount: _____

Business Account Officers: *Please Print*

***Must be eligible for Membership and the Primary Individual must have a Membership prior to opening the Business Account. The existing Membership account must be in good standing, and the Membership account number must be noted on this application.*

Name of Authorized Signer #1 Signature Social Security Number Date of Birth

Name of Authorized Signer #2 Signature Social Security Number Date of Birth

Name of Authorized Signer #3 Signature Social Security Number Date of Birth

Name of Authorized Signer #4 Signature Social Security Number Date of Birth

The undersigned hereby certifies under penalty of perjury
that the information given in this document is true and correct.

Member Name: _____ Member Number**: _____

Please Print

Member Signature: _____ Date: _____

Business Deposit Account Resolution for Depository Authorization

Please Complete and Sign both pages of Application.

I/We, the undersigned, certify that the information provided on this Resolution, and any attachments, is true and correct and duly adopted, and not rescinded or modified by the Business, having full power and lawful authority to do so.

Therefore, be it resolved that:

1. IBM Southeast Employees' Federal Credit Union is the designated depository for the funds of this Business.
2. This Resolution will remain in effect until and unless express written notice of rescission or modification is received and recorded by IBM Southeast EFCU.
3. Any and all Resolutions duly adopted by this Business and certified to IBM Southeast EFCU as governing the operation of this Business Account(s), are in full force and effect, unless revoked, supplemented or modified by this authorization.
4. This Business agrees to the terms and conditions of any Authorized Representative(s) of the Business, and authorizes IBM Southeast EFCU to charge the Business for all checks, drafts, and orders for payment of money which are drawn on IBM Southeast EFCU, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed, as long as they resemble the signatures above (or those updated and filed with IBM Southeast EFCU from time to time).
5. Should the ownership of the Business be changed or restructured in any way, the Business is obliged to notify IBM Southeast EFCU promptly. In the event that ownership is changed in any way without notification to IBM Southeast EFCU, this Business shall remain fully liable in accordance with the terms of this authorization and all or any account agreements.
6. By signing this Resolution, I/We authorize the IBM Southeast EFCU to obtain information from any source concerning statements made herein.
7. In an effort to verify the identity of the Authorized Signers of this Business, two types of identification have been provided for each of the Business's representatives, one of which is a photo ID.
8. I/We have received and retained a copy of the following Business Account Disclosures: "All About Your Business Account," "Business Account Fees and Service Charges."

Name of Authorized Signer #1 (Please Print)	Signature	Title	Date
Name of Authorized Signer #2 (Please Print)	Signature	Title	Date
Name of Authorized Signer #3 (Please Print)	Signature	Title	Date
Name of Authorized Signer #4 (Please Print)	Signature	Title	Date
Name of Secretary (Please Print)	Signature	Date	Corporate Seal

For Credit Union Use Only		Verify all Signer's SSN's with ChexSystems & Experian Credit Profile		IBS #A1101 R07/06	
Staff Initials:	Operator #:	Verifier Initials:	Operator #:		
MICR #:	Business Account #:	Business Account Type:	Personal Member #:		
ChexSystems SS# Date:	Signer #1	Signer #2	Signer #3	Signer #4	
ChexSystems Record & ID:	Signer #1	Signer #2	Signer #3	Signer #4	
Checks Ordered: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	VISA Check Card: <input type="checkbox"/> Y <input type="checkbox"/> N or ATM Card: <input type="checkbox"/> Y <input type="checkbox"/> N		Telepin Order #:		
Telephone/Online Banking Password: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Wallet Card #A1193: <input type="checkbox"/> Y <input type="checkbox"/> N		Certificate Document #A1012: <input type="checkbox"/> Y <input type="checkbox"/> N		
Business Account Disclosure #A1202: <input type="checkbox"/> Y	Business Account Fee Schedule #A1201: <input type="checkbox"/> Y		Business Loan Referred: <input type="checkbox"/> Y <input type="checkbox"/> N		