



Business Account Information Card

New Account Update Date

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 who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Share Type

- | | Share Identifier |
|--------------------------------------------|------------------|
| <input type="checkbox"/> Share Savings | _____ |
| <input type="checkbox"/> Share | _____ |
| <input type="checkbox"/> Share Certificate | _____ |
| _____ | _____ |

Account Services

- | | |
|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Order Checks |
| <input type="checkbox"/> Bill Payer | <input type="checkbox"/> _____ |

Business Information

Name _____
DBA _____
Mbr. # _____

EIN/TIN _____ State of Organization _____
Business License _____ Issued _____ Expires _____ State _____
Physical Address _____
Mailing Address _____
Telephone Number _____ Website _____

Legal Entity Classification

- | | |
|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Unincorporated Club/Association |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> General | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Liability | |
| <input type="checkbox"/> C Corporation | |
| <input type="checkbox"/> S Corporation | |
| <input type="checkbox"/> Limited Liability Company | |

Mr. # _____

Principal Contact

Name _____ Title _____ SSN _____
Address _____ Phone _____
_____ Cell _____

TIN Certification and Back-up Withholding Attestation

Under penalty of perjury, the undersigned certifies on behalf of the account owner that:

- 1. the number provided on this form is the account owner's correct taxpayer identification number; and*
- 2. the account owner is not subject to back-up withholding because: it is exempt from back-up withholding, or it has not been notified by the IRS that it is subject to back-up withholding as a result of failure to report all interest or dividends, or the IRS has notified the account owner that it is no longer subject to back-up withholding, and*
- 3. the account owner is a US citizen or other US person. For federal tax purposes, the account owner is considered a US person if the account owner is: an individual who is a US citizen or US resident alien; a partnership, corporation, company or association created or organized in the US or under the laws of the US; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- 4. the FACTA code(s) entered on this form (if any) indicating the account owner is exempt from FACTA reporting is correct.*

Cross out item #2 above if the account owner has been notified by the IRS that it is currently subject to back-up withholding. Complete the appropriate W-8 form if the account owner is not a US citizen. If a W-8BEN is completed a signature does not certify this section.

Exempt payee code _____ Exemption from FACTA reporting code _____

Authorization for New Membership

____ signature(s) of an authorized individual is/are required to transact business. (if blank than only one (1) signature is required). On behalf of the account owner the undersigned apply for membership in the CommonRoots Federal Credit Union and acknowledge receipt of the Business Account Agreement and all applicable disclosures. The undersigned also agree to promptly notify the Credit Union in writing of any changes to information provided on this document.

****The IRS does not require your consent to any provisions of this form other than the certifications to avoid back-up withholding.***

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

Authorization for Membership Updates

On behalf of the account owner, the undersigned agree(s) that the changes noted on this form amend the previously signed Business Account Information Card and acknowledges receipt of applicable

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date