

## AMERICAN FIRST CREDIT UNION

### BUSINESS/ORGANIZATION SHARE ACCOUNT SIGNATURE CARD AND AGREEMENT

**MEMBERSHIP ELIGIBILITY** - Check all that apply

- Authorized Signer / Officer works for a Select Employer Group (Print Company Name: \_\_\_\_\_)
- Business is a Select Employer Group     Authorized Signer / Officer is a Member
- Authorized Signer / Officer is related to a Member or lives with a Member  
 Print Member's Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_ Account \_\_\_\_\_
- Business Owned/Operated in:     Orange County     Other City within Field of Membership: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 with American First Credit Union, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see and copy your driver's license or other identifying documents.

**Select the Business Type**

- Corporation                       For Profit                       Not for Profit  
 Sole Proprietorship               Partnership                       Limited Liability Company (LLC)

**Select the Account Type**

- Free Business Checking  
 Business Interest Checking

Name of Business	Business Telephone	Business Tax ID Number	
Principal Line of Business	Description of Business Operations	6-Digit NAICS Code	
Business Address	City	State	Zip
Current President / Executive Officer / Managing Partner / Owner			Social Security Number
Home Address	Home Telephone	Cell Phone	
Date of Birth	Mother's Maiden Name	Driver's License Number / State / Issue & Expiration Date or <input type="checkbox"/> Other	

**TAX CERTIFICATION:** By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, or (b) has never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified by the IRS that it is no longer subject to backup withholding. I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

**Check this box if this business is subject to backup withholding.**

\_\_\_\_\_  
 Print Name                                      Print Title                                      Authorized Signature

**Resolution of Authority**

This business / association is  incorporated  unincorporated;

and was organized on \_\_\_\_\_ [date] at \_\_\_\_\_ [location].

In this Signature Card and Agreement, the words "YOU," "YOUR," and "OWNER(S)" jointly and severally refer to the holder(s) of this account. The words "US" and "OUR" mean American First Credit Union. Account(s) established now or later shall be governed by our bylaws as well as by the terms and conditions set forth in this Signature Card and Agreement and the applicable terms and conditions set forth in the Business Account Agreement and Disclosure, receipt of which is hereby acknowledged. You agree to notify us if the business or organization terminates or is dissolved, voluntarily or involuntarily.

You, the undersigned  President and Secretary / Treasurer,  Partners,  Owner, respectively, of \_\_\_\_\_, certify that at a regularly held meeting, the following persons were, by resolution, designated as authorized signers on this account and that by virtue of the authority vested by the constitution, bylaws, or otherwise, they, or any one of them, acting ALONE OR SEVERALLY, are authorized and empowered to transact business of any character whatsoever in connection with this account. You certify that his/her/their authority shall continue in force until written notice to the contrary is received by us.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Print Name) President, Executive Officer, Partner, or Sole Proprietor                      Signature

\_\_\_\_\_  
 (Print Name) Secretary/ Treasurer of Partner                      Signature

**Current Authorized Signers / Partners / Officers**

**Name 1:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Driver's License Number / State / Expiration Date or  Other:** \_\_\_\_\_  
**Name 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Driver's License Number / State / Expiration Date or  Other:** \_\_\_\_\_  
**Name 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name 3:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Driver's License Number / State / Expiration Date or  Other:** \_\_\_\_\_  
**Name 3 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name 4:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Driver's License Number / State / Expiration Date or  Other:** \_\_\_\_\_  
**Name 4 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RESOLVED that they are hereby severally authorized and empowered to:**

- | Indicate Signer<br>1, 2, 3, or 4 | Description of Power  |
|----------------------------------|---|
| _____                            | Exercise all powers listed in this resolution                               |
| _____                            | Open/close any share accounts in the name of the _____                      |
| _____                            | Endorse checks for payment of money or otherwise withdraw or transfer funds |
| _____                            | Other _____   |

I \_\_\_\_\_, the undersigned \_\_\_\_\_ respectively of the said \_\_\_\_\_ hereby certify that I am the \_\_\_\_\_ of said \_\_\_\_\_, that the foregoing is a full, true and correct copy of the resolution duly passed by the \_\_\_\_\_ thereof at a meeting of said \_\_\_\_\_ held on the day and at the place therein specified, and that said resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

**IN WITNESS WHEREOF**, the undersigned has affixed his signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Name and Title of Authorizer Date

**Acknowledgment of Disclosures**

Your initials below indicate that you have received the following:

- \_\_\_\_\_ All About Your Business Accounts (terms and conditions)
- \_\_\_\_\_ Schedule of Fees and Charges for Accounts
- \_\_\_\_\_ Rate Schedule
- \_\_\_\_\_ Information on Optional Overdraft Protection Service
- \_\_\_\_\_ Debit Card(s)

**24/7 ACCOUNT ACCESS**  
**800.290.1112**  
[www.amerfirst.org](http://www.amerfirst.org)

