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FOR OFFICE USE ONLY	
Savings Number	Audited By
ID Number	Acct Type:
Checking/IMMA Digit	Date
Employee	Office

Supplemental Document

# Business Automated Services Application/Agreement

Business Name <i>(Required)</i>
Taxpayer Identification Number <i>(Required)</i>
Street Address <i>(Required)</i>
City/State/ZIP <i>(Required)</i>
Mailing Address
City/State/ZIP
Business Phone <i>(Required)</i>
Email Address <i>(Required)</i>

Participation in any Business Automated Services Program will permit Business Member to transfer funds between the Accounts maintained by Business Member with CEFCU, to transfer funds from the Accounts maintained by Business Member with CEFCU to those non-Business, personal accounts that (i) are eligible, in accordance with terms and conditions established, from time to time, by CEFCU, to receive or make such transfers, and (ii) are designated by Business Member to participate in such transfers, (“Eligible Designated Accounts”) and to receive funds into the Accounts maintained by Business Members from Eligible Designated Accounts in accordance with transactions initiated by the member on such Eligible Designated Accounts.

### Terms and Provisions Applicable to Business-Use Automated Services.

Business Member confirms that it has received a copy of the Business Deposit Account Agreement and CEFCU’s Business Member Automated Services Terms and Conditions Disclosure (the “Disclosure”), and that any and all automated services to which Business Member subscribes, will, at all times, be subject to the terms and provisions of the Business Deposit Account Agreement, the Disclosure, and this Agreement. The terms and provisions applicable to each Business Automated Service Program shall be as CEFCU may, from time to time, establish and any deletions, additions, modifications, or other changes CEFCU may make shall be applicable to Business Member’s use of such Business Automated Service Program as so changed. Business Member acknowledges the receipt of a brochure describing each of CEFCU’s Business Automated Services Programs and further agrees and acknowledges that the changes shall be made in accordance with the amendment procedures set forth in the Business Deposit Account Agreement.

**Entire Agreement.** This Agreement, together with the Business Deposit Account Agreement, CEFCU’s Business Member Automated Services Terms and Conditions, and CEFCU’s Business Deposit Account Rate Schedule, shall constitute the entire agreement between Business Member and CEFCU with respect to the Business Services Programs and supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof and contains all of the covenants and agreements between the parties with respect to said matters.

**Governing Law and Arbitration.** This Agreement shall be construed, interpreted, enforced, and governed, in all respects, in accordance with the law of the State of Illinois. Business Member agrees that any dispute arising under this Agreement whether before or after termination hereof, which is not first settled by mutual agreement of the parties, shall be submitted to binding arbitration in the City of Peoria, Illinois, under the Commercial Arbitration Rules then prevailing of the American Arbitration Association.

**Note:** For your account protection, you must use Password(s) to access CEFCU On-Line and Bill Pay service; and you must use a PIN to access Touch-Tone Teller. Your accounts cannot be accessed without the Password(s)/PIN. Accordingly, your Password(s)/PIN should be kept confidential.

Business Member has one or more CEFCU® Business Checking, Business IMMA, and/or Business Savings accounts (the “Accounts”) and has requested, and CEFCU has agreed to provide, subject to the terms and conditions of this Agreement, the Business Automated Services indicated below:

### CARD SERVICES *Account access via Automated Teller Machines (ATMs) and Point of Sale Terminals.*

I request the following Business card services:

- CEFCU Business Debit Mastercard®
- CEFCU Business Mastercard® Personal Identification Number (PIN) *(Must have a CEFCU Business Mastercard.)*

Cardholder Names *(if requesting PIN)*

### AUTOMATED SERVICES

- Touch-Tone Teller: *Account access via Touch-Tone phone.*
- Business CEFCU On-Line®: *Account access via personal device with web. Contact a Business Services representative for registration.*
- Requested Login ID \_\_\_\_\_

### ELIGIBLE DESIGNATED ACCOUNTS

In addition to the accounts maintained by Business Member between which Business Member may transfer funds, Business Member identifies the following accounts as Eligible Designated Accounts to which Business Member requests the authority to transfer funds and/or from which Business Member may receive the transfer of funds into Business Member’s Account:

Business or Member Name	Account Number
Business or Member Name	Account Number
Business or Member Name	Account Number

**Authorized Representatives to Initiate Automated Services**

**Transactions.** The people who are authorized by resolution to transact business on the Accounts as identified in resolutions submitted by Business Member are authorized to initiate Automated Services transactions on the Accounts. Those people's names are set forth below. Any such person shall continue to be authorized to initiate Automated Services transactions on the Account until Business Member provides written notice to CEFCU that any such person is no longer authorized. Business Member's authorized representatives must be listed on the Business Member's current Business Depository Resolution on file with CEFCU.

**Execution.** Business Member represents and warrants to CEFCU that the individuals signing this Agreement below have the full authority to bind Business Member to the terms and conditions and that this Agreement and the performance of the covenants hereof is fully authorized by and binding upon Business Member.

**In witness whereof,** Business Member evidences its agreement to the foregoing terms and provisions of this Agreement by signing below and evidences the Business Use Automated Services Programs for which it wishes to subscribe by checking the box opposite each Business Automated Services Program.

\_\_\_\_\_  
Name/Title

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

\_\_\_\_\_  
Name/Title

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

\_\_\_\_\_  
Name/Title

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

\_\_\_\_\_  
Name/Title

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

**REQUIRED:** Business and individual names must be included on cards.  
*Limit: 21 characters, including spaces*

\_\_\_\_\_  
Business Name Imprinted on Card

\_\_\_\_\_  
Account holders to be reviewed for application

\_\_\_\_\_  
Account holders to be reviewed for application (cont.)

\_\_\_\_\_  
Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

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Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

\_\_\_\_\_  
Name Imprinted on Card

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Savings Number	Letter Sent/Given	Date	Initials	
Checking/IMMA Digit	AA Notice Sent/Given	Date	Initials	
	Approve	Deny	Date Opened	Initials
Business Debit Card			_____	_____
Business Credit Card PIN			_____	_____
Touch-Tone Teller			_____	_____
EFT Limits ATM		Debit		
Card Denial Reason(s)		Explanation if A or B		
By	Office	Com 153		
Sav Op		Avg Bal		
Ckg Op		Avg Bal		
Card Number Assigned 528228				
Cardholder Name				
Business Name				
Card Number Assigned 528228				
Cardholder Name				
Business Name				
Card Number Assigned 528228				
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Business Name				