



Not a bank. Better.®

P.O. Box 1715, Peoria, IL 61656-1715

Savings #	NAME
ID #	A/C Type
CHK/MMA Digit	Date
EMP	Office
Audited By	

# Business Signature Card

Please complete all applicable information fully. Print or type.

## 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 business that opens a new account.

What this means for the business: when the business opens a new account, we will ask for the business' name, address (local office or principal place of business), taxpayer identification number, and other information that will allow us to verify the existence of the business. We may also ask for other identifying documents or use non-documentary methods to verify the existence of the business.

### Identity Verification (For Office Use Only)

Organizational Documents (e.g. Articles of Incorporation, Partnership Agreement) \_\_\_\_\_

Government-Issued ID (e.g. Driver's Lic/State ID) \_\_\_\_\_ ID Number \_\_\_\_\_

Place of Issue \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other ID Type and ID Number \_\_\_\_\_

Place of Issue \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

ID Method:  DO  CX  CB  TI  P Verified by: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_

c/o Individual's Name \_\_\_\_\_ Birthdate (Sole Proprietors) \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Taxpayer ID Number (Social Security Number or Employer Identification Number) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## ACCOUNT INFORMATION

Please check the box(es) below to indicate the account(s) you wish to open or currently have and the service(s) you are requesting.

- Business Savings Account** (required to open other accounts)
- \_\_\_\_\_ (Insert 1-35) **My Use Account(s)** (You may open up to 35 My Use Accounts by inserting the number of accounts requested in the space provided.)
- Insured Money Market Account ("IMMA")**
- Business Checking Account** (Check One):
  - Basic Business Checking
  - Dividend Business Checking
  - Business Checking
- Business Sweep Services:** Business requests Business Sweep Services and authorizes CEFCU\* to transfer from the Business Checking to the IMMA all immediately available collected funds which exceed the target balance specified in the Business Sweep Services Target Balance Specification Form provided to CEFCU from time to time after the payment of all checks, withdrawals, transfers and fees to be paid from the Business Checking that day; and, authorizes CEFCU to transfer from the IMMA to the Business Checking to the extent there are available funds in the IMMA funds necessary to maintain the target balance. (Business Checking account, IMMA and CEFCU approval of the target balance required. Subject to the Business Sweep Services provisions of CEFCU's Business Services Deposit Account Agreement.)
- Deposit Drop Bag Service:** Business will make deposits to the account(s) from time to time by delivering to a designated CEFCU employee, at a designated staffed CEFCU Member Center, sealed drop bags without waiting for CEFCU to count, verify, and credit the deposits. (Subject to the Deposit Drop Bag provisions of CEFCU's Business Services Deposit Account Agreement.)
- Night Depository Service:** The Business will make deposits to the account(s) from time to time by delivering to CEFCU, at its Night Depository located at a designated staffed CEFCU Member Center, locked or sealed night drop bags or envelopes, without waiting for CEFCU to count, verify, and credit the deposits. (Subject to the Night Depository Service provisions of CEFCU's Business Services Deposit Account Agreement.)

**THE NAME(S) OF THE INDIVIDUAL(S) AUTHORIZED TO TRANSACT BUSINESS ON THE ACCOUNT(S) ARE INDICATED IN THE BUSINESS DEPOSITORY RESOLUTION OR THE TRUST CERTIFICATION AND AGREEMENT, AS APPLICABLE.**

## FORM OF ORGANIZATION (Check One):

- SOLE PROPRIETORSHIP** – One individual owns the unincorporated for profit business.
- PARTNERSHIP** – (General Partnership, Limited Partnership, Limited Liability Partnership or Joint Venture) Two or more individuals and/or corporations own the unincorporated for profit business.
- UNINCORPORATED ASSOCIATION** – A group of individuals owns the unincorporated not-for-profit business.
- LIMITED LIABILITY COMPANY** – One or more individuals own the for profit business which has been organized as a Limited Liability Company under state law.
- NOT-FOR-PROFIT CORPORATION** – One or more individuals or entities own the not-for-profit business which has been incorporated under state law.
- CORPORATION** – One or more shareholders own the for profit business which has been incorporated under state law.
- RELIGIOUS CORPORATION** – A church, congregation or society formed for the purposes of religious worship which has been incorporated under state law.
- LAND TRUST OR OTHER REVOCABLE TRUST**
- IRREVOCABLE TRUST**
- OTHER ORGANIZATION** – \_\_\_\_\_  
Describe

### AUTHORIZED SIGNATURE(S) – REQUIRED

**IMPORTANT:** If the organization is a sole proprietorship, partnership, unincorporated association, limited liability company, not-for-profit corporation, corporation, religious corporation, or other organization, a Business Depository Resolution (“Resolution”) must be completed and submitted to CEFCU before the account(s) can be opened, and the person(s) authorized by the Resolution to act and sign for the organization must sign below. If the organization is a land trust or other revocable trust or an irrevocable trust, a Trust Certification and Agreement (“Certification”) must be completed and submitted to CEFCU before the account(s) can be opened, and the Trustee(s) indicated in the Certification to act and sign for the trust must sign below.

By signing this Business Signature Card, the undersigned represent that they are duly authorized to sign on behalf of the organization binding the organization to the provisions, terms, and conditions hereof and of CEFCU’s Business Services Deposit Account Agreement, Business Deposit Account Rate Schedule, Business Fee Schedule, and the Business Funds Availability Policy, which are incorporated herein by reference.

**Sole Proprietors** - You must show the individual owner/proprietor’s name on the Business Name line. On the second Name/Title line, you may enter the business name or “doing business as (DBA).” You **may not** enter only the business name. For the TIN, you may enter either the individual’s social security number (SSN) or the employer identification number (EIN) of the business. However, the IRS prefers that you enter the SSN.

\_\_\_\_\_  
Business Name

By: \_\_\_\_\_  
Name/Title (Print)

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

By: \_\_\_\_\_  
Name/Title (Print)

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

By: \_\_\_\_\_  
Name/Title (Print)

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

By: \_\_\_\_\_  
Name/Title (Print)

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

### TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Under penalties of perjury, I certify that: (1) the Taxpayer’s taxpayer identification number shown below on this form is the Taxpayer’s correct taxpayer identification number; (2) the Taxpayer is not subject to backup withholding because (a) the Taxpayer is exempt from backup withholding, or (b) the Taxpayer has not been notified by the Internal Revenue Service (IRS) that the Taxpayer is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Taxpayer that the Taxpayer is no longer subject to backup withholding; (3) the Taxpayer is a U.S. person (defined in the instructions available from CEFCU upon request); and (4) the FATCA code(s) entered on this form (if any) indicating that the Taxpayer is exempt from FATCA reporting is/are correct.

**Certification Instructions:** You must cross out item (2) above if the Taxpayer has been notified by the IRS that the Taxpayer is currently subject to backup withholding because the Taxpayer has failed to report all interest and dividends on the Taxpayer’s tax return. No FATCA code(s) can be entered on this form, so statement (4) above does not apply.

\_\_\_\_\_  
Taxpayer’s Taxpayer Identification Number

\_\_\_\_\_  
Name as shown on the Business’ Income Tax Return (“Taxpayer”)

By: \_\_\_\_\_  
Name/Title (Print)

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

### PROXY

I hereby appoint the members of the Board of Directors of Citizens Equity First Credit Union (“CEFCU”), who are qualified and acting directors at the time this proxy is used (“the directors”), as my proxies to vote all shares of CEFCU now or hereafter owned or held by me for the election of directors, and any other matter that credit union members are entitled to vote by proxy. I authorize a majority of the directors to vote my share(s) as they see fit, at all meetings of the members of CEFCU hereafter held until this proxy is canceled by me. I further authorize the directors to designate a person or committee to cast my vote(s) in such manner and for such candidates or for or against such proposals as a majority of the directors shall see fit.

\_\_\_\_\_  
Business Name

By: \_\_\_\_\_  
Name/Title (Print)

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