

Business Account Documentation Checklist

MEMBERSHIP ACCOUNT ELIGIBILITY	CORPORATION
<input type="checkbox"/> Business is required to be located in the state of Georgia <input type="checkbox"/> All Authorized Signers must fall within the field of membership (see below) <ul style="list-style-type: none"> • Anyone who is a resident of Georgia or who works in Georgia. • Employees of any of our Member Companies living in the State of Georgia or outside the State of Georgia. • Members of the Armed Forces on active duty, inactive reserve status, or retired from such services. • Employees of the Federal Government and Federal non-appropriated fund instrumentalities. • Employees of the Federal Reserve Bank. • Employees of the Federal Home Loan Bank and Federal Home Loan Mortgage Corporation. • Employees of Federal Deposit Insurance Corporation. • Family members of ACU employees and existing ACU Members: including spouses, domestic partners, children, parents, brothers, sisters, grandparents, grandchildren, aunts, uncles, cousins, nieces, nephews, step-relatives, and in-laws. 	<input type="checkbox"/> Certificate & Articles of Corporation (from issuing state) <input type="checkbox"/> Corporate Bylaws or Minutes of Meeting (if officers are not listed on Secretary of State) <input type="checkbox"/> Trade Name / DBA Registration (if operating under a name different from the legal name) <input type="checkbox"/> Employer Identification Number (EIN) Letter <input type="checkbox"/> 501(c)3 Documents (if Non-Profit) <input type="checkbox"/> Driver's License for each Authorized Signer
SOLE PROPRIETORSHIP	LIMITED LIABILITY COMPANY (LLC) / LIMITED LIABILITY PARTNERSHIP (LLP)
<input type="checkbox"/> Current Business License, Occupational Tax Certificate, or Trade Name Registration (if operating under a DBA/Trade Name) <input type="checkbox"/> Employer Identification Number (EIN) Letter (if applicable) <input type="checkbox"/> Driver's License for each Authorized Signer	<input type="checkbox"/> Certificate & Articles of Organization (from issuing state) <input type="checkbox"/> Signed Operating Agreement (if Multi-Member LLC) <input type="checkbox"/> Formal Partnership Agreement (if LLP) <input type="checkbox"/> Trade Name / DBA Registration (if operating under a name different from the legal name) <input type="checkbox"/> Employer Identification Number (EIN) Letter <input type="checkbox"/> 501(c)3 Documents (if Non-Profit) <input type="checkbox"/> Driver's License for each Authorized Signer
PARTNERSHIP	NON-PROFITS, ASSOCIATIONS, SOCIAL / RECREATIONAL CLUBS & ORGANIZATIONS
<input type="checkbox"/> Formal Partnership Agreement <input type="checkbox"/> Business License or Occupational Tax Certificate (if applicable) <input type="checkbox"/> Trade Name / DBA Registration (if operating under a name different from the legal name) <input type="checkbox"/> Employer Identification Number (EIN) Letter <input type="checkbox"/> Driver's License for each Authorized Signer	<input type="checkbox"/> Signed Minutes of Meeting <input type="checkbox"/> Employer Identification Number (EIN) Letter <input type="checkbox"/> 501(c)3 Documents (if applicable) <input type="checkbox"/> Driver's License for each Authorized Signer



6251 Crooked Creek Road, Peachtree Corners, Georgia 30092-3107
800.952.1927 • acuonline.org

Business Account Application and Beneficial Owners Certification

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT: To help the government fight financial crime, 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 and beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement. What this means for you: when you open an account, we will ask you 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.

Who has to complete this form? This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide? This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The Credit Union may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

☐ New Membership Application

☐ Existing Business Member _____
MEMBER ACCOUNT NUMBER

I. Business Information

Business Eligibility	
<input type="checkbox"/> Business Location Is in the State of Georgia	<input type="checkbox"/> Business Owner Is Current Primary Member
Legal Business Name _____	Business Formation Date _____ MM/DD/YYYY
DBA / Trade Name (If applicable) _____	Federal Tax Identification Number _____
Principle Business Address (No P.O. Boxes) STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____	



Mailing Address (If different from Principle Business Address)					
STREET ADDRESS _____					
CITY _____		STATE _____		ZIP _____	
Business Phone Number _____		Business Email _____		Primary Contact _____	
TYPE OF BUSINESS	<input type="checkbox"/> Sole Proprietorship (DBA)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company / Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit/Clubs/ Informal Organization
Nature Of Business _____				NAICS Code* _____	

ASSOCIATED CREDIT UNION RESERVES THE RIGHT TO DENY MEMBERSHIP TO CERTAIN TYPES OF BUSINESSES.

* NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM IS THE STANDARD USED BY FEDERAL STATISTICS AGENCIES TO CLASSIFY BUSINESS ESTABLISHMENTS. IT APPEARS ON YOUR FEDERAL TAX RETURN OR SCHEDULE C.

II. Business Account Questionnaire

As a Financial Institution, we are required by Federal Law to know our members. In order to do this, we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year (or more frequently if necessary). All of the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

III. Expected Monthly ACU Business Account Activity

Does the business complete any of the following money service activities?	
<input type="checkbox"/> Sell/Redeem <= \$1000 in Traveler's Checks/ Money Orders, or Stored Value Cards	<input type="checkbox"/> Transmit funds as an agent
<input type="checkbox"/> Transmit funds over private network	<input type="checkbox"/> Cash check/currency exchange of > \$1000
<input type="checkbox"/> Cash check/currency exchange of <= \$1000	<input type="checkbox"/> Sell/Redeem > \$1000 in Traveler's Checks/Money Orders, or Stored Value Cards
Is the business involved in any Internet Gambling or Cannabis activities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

What is the purpose of this account?			
<input type="checkbox"/> Remittance Account	<input type="checkbox"/> Tax Account	<input type="checkbox"/> IRA	<input type="checkbox"/> Sole Proprietorship Account
<input type="checkbox"/> Payroll Account	<input type="checkbox"/> Investment Account	<input type="checkbox"/> Household Account	<input type="checkbox"/> Minor Account
<input type="checkbox"/> Separate Account for Budget Purposes	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Trust Account	<input type="checkbox"/> Operating Account
<input type="checkbox"/> Other: _____			



Please enter the estimated transaction volume and frequency of cash inflow.			
Monthly Cash Inflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly Cash Inflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	
Please enter the estimated transaction volume and frequency of cash outflow.			
Monthly Cash Outflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly Cash Outflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	
Please enter the estimated transaction volume and frequency of Monetary Instrument Inflow.			
Monthly Monetary Instrument Inflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly Monetary Instrument Inflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	

Please enter the estimated transaction volume and frequency of Monetary Instrument Outflow.			
Monthly Monetary Instrument Outflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly Monetary Instrument Outflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	
Please enter the estimated transaction volume and frequency of ACH (Domestic) Inflow.			
Monthly ACH (Domestic) Inflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly ACH (Domestic) Inflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	
Please enter the estimated transaction volume and frequency of ACH (Domestic) Outflow:			
Monthly ACH (Domestic) Outflow Total:			
<input type="checkbox"/> \$0.00 to \$4,999.99	<input type="checkbox"/> \$5,000.00 to \$14,999.99	<input type="checkbox"/> \$15,000.00 to \$24,999.99	<input type="checkbox"/> \$25,000 to \$49,999.99
<input type="checkbox"/> \$50,000.00 to \$124,999.99	<input type="checkbox"/> \$125,000.00 to \$249,999.99	<input type="checkbox"/> \$250,000.00 to \$499,999.99	<input type="checkbox"/> \$500,000.00 to \$1,124,999.99
<input type="checkbox"/> \$1,125,000.00 to \$2,249,999.99	<input type="checkbox"/> \$2,250,000.00 to \$4,999,999.99	<input type="checkbox"/> \$5,000,000.00 to \$999,999,999.99	
Monthly ACH (Domestic) Outflow Frequency:			
<input type="checkbox"/> Between 0 and 1	<input type="checkbox"/> Between 2 and 3	<input type="checkbox"/> Between 4 and 7	<input type="checkbox"/> Between 8 and 15
<input type="checkbox"/> Between 16 and 31	<input type="checkbox"/> Between 32 and 61	<input type="checkbox"/> 62+	
Will international wires/electronic (ACH) transfers be sent or received?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<div>COUNTRY 1</div> <div>COUNTRY 2</div> <div>COUNTRY 3</div> <div>COUNTRY 4</div> <div>COUNTRY 5</div>			



IV. Business Officers / Authorized Signers/Beneficial Owners

List in order of authority.

Officer / Authorized Signer 1					
Select all that apply.	<input checked="" type="checkbox"/> Controller	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Beneficial Owner	Percentage of Ownership _____%
NAME (FIRST, MI, LAST) _____		SOCIAL SECURITY NUMBER _____		OFFICIAL TITLE _____	
DATE OF BIRTH (MM/DD/YYYY) _____		CURRENT EMPLOYER _____		OCCUPATION _____	
DRIVER'S LICENSE/STATE ID NO. (COPY REQUIRED) _____		STATE OF ISSUANCE _____	ISSUE DATE _____	EXPIRATION DATE _____	
HOME PHONE _____	WORK PHONE _____	MOBILE PHONE _____	EMAIL _____		
STREET ADDRESS _____					
CITY _____	STATE _____	ZIP _____	YEARS AT CURRENT ADDRESS _____		
Previous address (if current is under 2 years)					
STREET ADDRESS _____					
CITY _____	STATE _____	ZIP _____			
Membership eligibility (if current primary member, please list membership number)					

Officer / Authorized Signer 2					
Select all that apply.	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Beneficial Owner	Percentage of Ownership _____%	
NAME (FIRST, MI, LAST) _____		SOCIAL SECURITY NUMBER _____		OFFICIAL TITLE _____	
DATE OF BIRTH (MM/DD/YYYY) _____		CURRENT EMPLOYER _____		OCCUPATION _____	
DRIVER'S LICENSE/STATE ID NO. (COPY REQUIRED) _____		STATE OF ISSUANCE _____	ISSUE DATE _____	EXPIRATION DATE _____	
HOME PHONE _____	WORK PHONE _____	MOBILE PHONE _____	EMAIL _____		
STREET ADDRESS _____					
CITY _____	STATE _____	ZIP _____	YEARS AT CURRENT ADDRESS _____		
Previous address (if current is under 2 years)					
STREET ADDRESS _____					
CITY _____	STATE _____	ZIP _____			
Membership eligibility (if current primary member, please list membership number)					



Officer / Authorized Signer 3				
Select all that apply.	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Beneficial Owner	Percentage of Ownership _____%
<div style="display: flex; justify-content: space-between;"> <div>NAME (FIRST, MI, LAST) _____</div> <div>SOCIAL SECURITY NUMBER _____</div> <div>OFFICIAL TITLE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>DATE OF BIRTH (MM/DD/YYYY) _____</div> <div>CURRENT EMPLOYER _____</div> <div>OCCUPATION _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>DRIVER'S LICENSE/STATE ID NO. (COPY REQUIRED) _____</div> <div>STATE OF ISSUANCE _____</div> <div>ISSUE DATE _____</div> <div>EXPIRATION DATE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>HOME PHONE _____</div> <div>WORK PHONE _____</div> <div>MOBILE PHONE _____</div> <div>EMAIL _____</div> </div> <div style="margin-top: 5px;">STREET ADDRESS _____</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>CITY _____</div> <div>STATE _____</div> <div>ZIP _____</div> <div>YEARS AT CURRENT ADDRESS _____</div> </div>				
Previous address (if current is under 2 years) STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				
Membership eligibility (if current primary member, please list membership number) _____				

Officer / Authorized Signer 4				
Select all that apply.	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Beneficial Owner	Percentage of Ownership _____%
<div style="display: flex; justify-content: space-between;"> <div>NAME (FIRST, MI, LAST) _____</div> <div>SOCIAL SECURITY NUMBER _____</div> <div>OFFICIAL TITLE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>DATE OF BIRTH (MM/DD/YYYY) _____</div> <div>CURRENT EMPLOYER _____</div> <div>OCCUPATION _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>DRIVER'S LICENSE/STATE ID NO. (COPY REQUIRED) _____</div> <div>STATE OF ISSUANCE _____</div> <div>ISSUE DATE _____</div> <div>EXPIRATION DATE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>HOME PHONE _____</div> <div>WORK PHONE _____</div> <div>MOBILE PHONE _____</div> <div>EMAIL _____</div> </div> <div style="margin-top: 5px;">STREET ADDRESS _____</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>CITY _____</div> <div>STATE _____</div> <div>ZIP _____</div> <div>YEARS AT CURRENT ADDRESS _____</div> </div>				
Previous address (if current is under 2 years) STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				
Membership eligibility (if current primary member, please list membership number) _____				

MEMBERSHIP WITH ASSOCIATED CREDIT UNION REQUIRES THAT ALL MEMBERS HAVE A SAVINGS ACCOUNT AND MAINTAIN A MINIMUM BALANCE OF \$5



Authorized Signer / Account Holder Information - Please Read

I/we hereby make application for membership in and agree to conform to the Bylaws, as amended, of Associated Credit Union (the "credit union"). I/we further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened. I/we also agree to be bound to the terms and conditions of any account that I/we have in the Credit Union now or in the future. These include but are not limited to the Business Membership and Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

ACCOUNT CHANGE OR TERMINATION: I/we understand and agree that the Credit Union is required to assess our account(s) and account activity pursuant to a number of federal laws and regulations ("laws"); and that such assessments are ongoing. I/we agree to cooperate with such assessments as required by the Credit Union. Further, I/we understand that the Credit Union may not be able to facilitate accounts or services based on such laws or the Credit Union's internal risk profile, assessment, and policies. If at any time the Credit Union determines it is no longer able to offer accounts or services it may terminate such and close all accounts or services it determines it is no longer able to provide; or I/we will make such changes that the Credit Union requires to enable it to do so. The Credit Union's rights under this provision may require immediate actions including termination of services.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Exempt Payee Code () enter code here form W-9 Instructions, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

CONSENT TO CONTACT: If a cell number is provided above; or if I/we later provide such to Associated Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo-text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union. I understand that I am not required to provide my consent as a condition of receiving any service from the Credit Union, and that I have the right to revoke consent for any and all contacts provided at any time.

By my/our signature(s) below or my/our e-signature, I/We authorize Associated Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

All present and future deposits to the account(s) designated on this application secure payment of any account owner's obligations to the Credit Union. This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the Business, or Account Title listed on this application.

V. Signatures

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

PRINT NAME	SIGNATURE	TITLE	DATE
PRINT NAME	SIGNATURE	TITLE	DATE
PRINT NAME	SIGNATURE	TITLE	DATE
PRINT NAME	SIGNATURE	TITLE	DATE

VI. ACU Representative

PRINT NAME	SIGNATURE	TELLER NUMBER	BRANCH ID	DATE
------------	-----------	---------------	-----------	------



VII. Products & Services

<input type="checkbox"/> Primary Business Savings (Required) <input type="checkbox"/> Business Savings <input type="checkbox"/> Business Savings (Additional) <input type="checkbox"/> Business Money Market <input type="checkbox"/> Business Certificate of Deposit (CD) <input type="checkbox"/> 1 Year CD <input type="checkbox"/> 2 Year CD <input type="checkbox"/> 5 Year CD	<input type="checkbox"/> Business Checking <input type="checkbox"/> Basic <input type="checkbox"/> Growth <input type="checkbox"/> Non-Profit <input type="checkbox"/> Order Checks <input type="checkbox"/> Debit Card <input type="checkbox"/> Authorized Signer 1 <input type="checkbox"/> Authorized Signer 2 <input type="checkbox"/> Authorized Signer 3 <input type="checkbox"/> Authorized Signer 4
--	--

Benefits included with your Associated Credit Union Business Membership:

- ✓ Online Banking
- ✓ Mobile Banking & Mobile EZDeposit
- ✓ eStatements



Member Business or Organization Statement, Resolution, Grant of Authority and Agreement

I. BUSINESS INFORMATION

Business/Organization Name:

Organized under the Laws of the State of:

II. RESOLUTION AND GRANT OF AUTHORITY TO ACT FOR THE BUSINESS / ORGANIZATION - APPLICABLE TO ALL ENTITIES.

GENERAL STATEMENT AND AGREEMENT BY THE UNDERSIGNED AND THE BOARD OR AUTHORITY FOR THE ENTITY EXECUTING THIS RESOLUTION: The undersigned are duly authorized to execute this Statement, Resolution, Grant of Authority and Agreement on behalf of the Entity Named herein; and the undersigned hereby certify that the above-named Business/Organization ("Entity") is duly organized and existing under the laws of the State indicated. The undersigned, under the penalty of perjury, hereby certify that the organization described is validly organized under applicable law and is in "good standing"; and that at a meeting of the Board of Directors, Trustees, Members or Partners, or other governing body of the Entity at which a quorum was present (if applicable), the duly authorized and governing body of this Entity adopted the following resolution, which in all respects, is in conformity with the rules, agreements, by laws, operating agreement or articles of incorporation of this Entity. It is intended that the Credit Union named-above ("Credit Union") rely upon this Resolution. Credit Union may, in its sole discretion require new resolutions and/or signature card(s) be executed any time the entity changes the authorized person(s)/signature(s); which changes must be submitted in a written document that is accepted by the Credit Union before any such change will be effective. If the authority contained in this resolution should be revoked or terminated by operation of law or any other reason without actual notice to the Credit Union, such revocation shall not be effective upon Credit Union. The Credit Union shall have the right to freeze access to all accounts and services if it believes there is any dispute as to the authority to act pursuant to this obligation; however, this right shall in no way obligate the Credit Union to exercise said right and its failure or refusal to exercise such rights shall in no way impute any duty, obligation or liability to the Credit Union hereunder or otherwise. The Credit Union shall be indemnified by the entity; and shall be held harmless from any and all losses suffered or liabilities incurred by such revocation or termination. This resolution shall be governed and interpreted under the laws of the State of Georgia. IF MULTIPLE AUTHORIZED USERS ARE LISTED, THEN ANY ONE OF THEM ACTING ALONE IS AUTHORIZED TO CONDUCT ANY TRANSACTION OR OTHER BUSINESS AUTHORIZED BY THIS RESOLUTION. **The Business Entity is solely responsible for any changes to the authorized persons; and the Credit Union shall have no liability whatsoever for any transaction undertaken by a person listed as an authorized user herein. THEREFORE BE IT:**

ACCOUNTS AND ACCOUNT SERVICES: RESOLVED, that Credit Union is designated a depository institution of this Entity and is authorized to recognize any one of the signature(s) of any person designated below, ("Authorized Person(s)") who has signed a Signature Card for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, including safe deposit box leases] which authority will remain in full force and effect until Credit Union receives a new Resolution in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized. This authority includes the authority to open any new accounts or services, and to enter into any changes, modifications or accommodations. **FURTHER RESOLVED,** that the Authorized Person(s) may authorize the use and access of accounts and services, and the issuance of any access device the Entity may obtain from the Credit Union for access and use of any accounts and/or services the Credit Union offers now or in the future, to the employees, agents or any other persons the Authorized Person(s) appoint or designate from time to time; and such authorization shall be deemed as authorized herein. **FURTHER RESOLVED,** that this Entity agrees that all accounts will be governed by the terms and conditions set forth in Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing Credit Union or any account.

Voting Representative Designation:

Designation of Voting Representative: Pursuant to the Credit Union's Bylaws – each member may cast one vote. To wit, the entity designates the following:

Designated Voting Agent for Business Entity: If no agent is designated the first named Authorized Party shall be the voting agent.

Date of Meeting at which Resolution Was Adopted:

III. AUTHORIZED PERSON(S) TO ACT FOR THE BUSINESS OR ORGANIZATION

The following persons will be authorized to undertake all actions set forth in the resolution above. No other persons will have authority unless this Resolution is properly replaced and new contracts and/or Signature Cards are executed as the Credit Union may require. (see reverse)

Authorized Party's Full Name:	Title:	SSN:
Authorized Party's Full Name:	Title:	SSN:
Authorized Party's Full Name:	Title:	SSN:
Authorized Party's Full Name:	Title:	SSN:

IV. COMPLETE THE SECTION APPLICABLE TO THE FORM OF ENTITY NOTED ON PAGE 1**CORPORATION / LIMITED LIABILITY COMPANY OR
CORPORATION ("LLC") / PROFESSIONAL CORPORATION ("PA" OR "PC")**

In witness whereof, the Secretary of the Corporation, LLC (or all Members if Member Directed) or Professional Corporation named herein has hereunto set his/her hand as secretary and affixed the corporate seal, on the date above stated.

Check Proper Title Below

_____(Seal)

- ☐ Secretary
☐ Managing Member

If Member Directed:

_____(Seal)
Member

_____(Seal)
Member

_____(Seal)
Member

_____(Seal)
Member

PARTNERSHIP

The partners certify that all partners have signed below and further certify that this partnership is not a limited partnership, and execute this Agreement under seal, on the date above stated.

_____(Seal)
Partner

_____(Seal)
Partner

_____(Seal)
Partner

_____(Seal)
Partner

INFORMAL ORGANIZATION

The undersigned officers of the organization listed herein certify under the penalty of perjury that they have undertaken an investigation of the organization's member; and that all members of said organization are individually eligible through the field of membership.

_____(Seal)
Officer
Title of Officer: _____ Date: _____

_____(Seal)
Officer
Title of Officer: _____ Date: _____

_____(Seal)
Officer
Title of Officer: _____ Date: _____

_____(Seal)
Officer
Title of Officer: _____ Date: _____

SOLE PROPRIETORS GRANT OF AUTHORITY TO OTHERS

I hereby authorize the "Authorized Person" Named herein to exercise all powers and actions set forth in the Resolutions above. Further, I hereby releases the Credit Union and all officers, directors and employees of the Credit Union from any and all claims, demands, damages, actions, causes of actions, suits at law, or suits in equity, of whatsoever kind or nature, past, present or future, known or unknown, incurred or to be incurred, with regard to any action the Credit Union undertakes in reliance on this authorization.

Full Name of Authorized Person

Social Security Number of Authorized Person

_____(Seal)
Sole Proprietor

Date