Jeanne D'Arc Credit Union BUSINESS Account Agreement

Account Information New Account Change Reason Date: Date Opened: Account Number: Account Description: *Account Number: Account Description: *Account Description: *Account Description: RC: Signer Name 1: RC: Bus Address: Address: City: State: Zip: City: State: Zip: TIN: DOB: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Cell#: Bus Email Address: Email Address:	
Date Opened: Account Number: Account Description: *Account Number: Account Description: *Account Description: *Account Description: *Account Description: *Account Description: *Count Description: *Account Description:	<u>—</u>
*Account Number: *Account Number: *Account Description: *Use for like titled accounts only. Business Name: Bus Address: City: State: Zip: TIN: DOB: Bus Doc: Exp: Home #: Account Description: RC: Signer Name 1: RC: City: State: Zip: Tin: DOB: Exp: Home #: Cell#:	
*Account Number: *Account Number: *Account Description: *Use for like titled accounts only. Business Name: Bus Address: City: State: Zip: TIN: DOB: Bus Doc: Exp: Home #: Account Description: RC: Signer Name 1: RC: City: State: Zip: Tin: DOB: Exp: Home #: Cell#:	
*Account Number: *Use for like titled accounts only. Business Name: Bus Address: City: State: Zip: TIN: DOB: TIN: Bus Doc: Exp: Home #: Account Description: RC: Signer Name 1: RC: Address: City: State: Zip: Tin: DOB: Exp: Home #: Cell#:	
*Account Number: *Use for like titled accounts only. Business Name: Bus Address: City: State: Zip: TIN: DOB: TIN: Bus Doc: Exp: Home #: Account Description: RC: Signer Name 1: RC: Address: City: State: Zip: Tin: DOB: Exp: Home #: Cell#:	
*Use for like titled accounts only. Business Name: RC: Signer Name 1: RC: Bus Address: Address: City: State: Zip: City: State: Zip: TIN: DOB: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Cell#:	
Business Name: RC: Signer Name 1: RC: Bus Address: Address: City: State: Zip: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Home #: Cell#:	
Bus Address: City: State: Zip: City: State: Zip: TIN: DOB: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Home #: Cell#:	
City: State: Zip: City: State: Zip: TIN: DOB: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Home #: Cell#:	
TIN: DOB: TIN: DOB: Bus Doc: Exp: ID: Exp: Bus Phone #: Home #: Cell#:	
Bus Doc: Exp: ID: Exp: Bus Phone #: Home #: Cell#:	
Bus Phone #: Home #: Cell#:	
Bus Email Address: Email Address:	
Signer Name 2: RC: Signer Name 3: RC:	
Address: Address:	
City: State: Zip: City: State: Zip:	
TIN: DOB: TIN: DOB:	
ID: Exp: ID: Exp:	
Home #: Cell #: Home #: Cell #:	
Email Address: Email Address:	
Business Classification	
☐ Sole Proprietor ☐ Partnership ☐ Non-Profit ☐ Other	
☐ Corporation ☐ Estate/Trust ☐ Unincorporated Association	
S-Corporation Limited Liability Partnership Limited Liability Corporation	
For Credit Union Use Only	
Efunds Date # Efunds Comments:	
Employee: Branch:	
Certification of Taxpayer Identification Number (TIN)	
Tax Identification Number for This Account (S.S.N. or E.I.N.)	
Under the penalties of perjury I certify on behalf of the business that:	
The number shown above is my correct taxpayer identification number, and	
2. () < If checked > I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 a longer subject to backup withholding, and	m no
3. I am a U.S. person (including a U.S. resident alien).	
4. () < If checked > I am not a United States citizen or resident (W-8 on file).	
Date: Tax ID Number Certification Sign Here:	
The signer(s) hereby agree(s) to the terms and conditions as disclosed in the 'Understanding Our Relationship' booklet covering accounts with Jeanne D'Ard Union as they now or hereafter may be altered or amended without further notice. Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain and verify information relative to opening the account. I/We have received a copy of the following disclosures: Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain and verify information relative to opening the account. I/We have received a copy of the following disclosures: Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain and verify information relative to opening the account. I/We have received a copy of the following disclosures: Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain and verify information relative to opening the account. I/We have received a copy of the following disclosures: Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain and verify information relative to opening the account. I/We have received a copy of the following disclosures: Each signer agrees that the Credit Union may obtain any credit reference/report necessary and/or obtain any credit reference/report necessary and/or obtain any credit reference/report necessary and/or obtain any credit reference/report necessary and reference/repor	
Name 1 Sign Here: Date:	
Name 2 Sign Here: Date:	
Name 3 Sign Here: Date:	