



BUSINESS/ORGANIZATION APPLICATION

Member # _____

Account Type: Business Organization

Checking

- Small Business Community (Organization)
- Basic Business
- ODP from Savings Waive ODP from Savings

Savings

- Business Savings Organization Savings

Money Market

- Regular High Performance

Debit Card Yes No

- Responsible Individual Only
- Agent(s) Only
- Responsible Individual & Agent(s)

* Fees vary according to account.
 * I certify that the financial information is true and agree to abide by the terms of the Debit card agreement available on the EFT Disclosure.

- DIAL Service
- Home Banking Statements Yes No
- e-Statements
- Other

Business/Organization Information

Business/Organization Name		Type of Entity (Sole Proprietor, LLC, Partnership, Inc, etc.)			EIN	
State Organized	Business License #	Issuance Date	Expiration Date		State Issued	
Physical Street Address		City	State	Zip	Business/Organization Phone # (with area code)	
Mailing Address		City	State	Zip	E-Mail Address	

Responsible Individual Information

First Name	Middle Name	Last Name	Position	Date of Birth	Social Security Number
Home Address (must have a physical street address)		City	State	Zip	Home Phone # (with area code)
Mobile Phone # (with area code)	Business Phone # (with area code)	ID Type			ID Number

Authorized Signer Information

Authorized Signer 1 First Name	Middle Name	Last Name	Name Type	Birth Date	Social Security Number
Home Address		City	State	Zip	ID Number
Authorized Signer 2 First Name	Middle Name	Last Name	Name Type	Birth Date	Social Security Number
Home Address		City	State	Zip	ID Number
Authorized Signer 3 First Name	Middle Name	Last Name	Name Type	Birth Date	Social Security Number
Home Address		City	State	Zip	ID Number

The undersigned certifies that the above named have the authority to sign share drafts on the said account. This authority may be revoked at any time by the applicant upon completion of a new application, receipt of the new agreement by PFCU and replacement of previous agreement. The undersigned agrees that the above named will be screened through Chex Systems and a credit bureau. Those possessing a record with Chex Systems and/or non-qualifying credit score will be denied on said account(s).

Truth In Savings Act

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification of Taxpayer Identification Number and Backup Withholding:

Under penalties or perjury, the undersigned certifies on behalf of the account holder that: 1. The number shown on this form is the Account Owner's correct taxpayer identification number, 2. The Account Owner is not subject to backup withholding, because: a) It is exempt from backup withholding, or b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and 3. The Account Owner has been organized in the U.S. and is a U.S. person.

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because it has failed to report all interest and dividends on tax return. Cross out item 3 and complete a W-8 the Account Owner is not a U.S. person.

USA Patriot Act

Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or creates a new member relationship as follows: name, address, date of birth and other information that helps us identify you. Copies of two forms of identification must be supplied with application. Must include unexpired government issued identification evidencing nationality or residence and bearing a photograph or similar safeguard: driver's license, state picture ID, passport, or alien identification card. Second identification may include: military ID, employee ID, student ID, voter registration card, credit card, paycheck stub, public assistance card, Medicare/Medicaid card, or insurance card.

I/We also agree to allow the Credit Union to obtain credit reports in connection with application. (If you request, the Credit Union will provide the name and address of any credit bureau from which it received your credit report). I understand that Park Federal Credit Union may close my account(s) for cause. I have read and fully understand the terms of this agreement.

Responsible Individual Signature X	Date
Authorized Signer 1 Signature X	Date

Authorized Signer 2 Signature X	Date
Authorized Signer 3 Signature X	Date

For Office Use Only

Branch _____ Date Cks Ordered _____
 Opening Teller _____ Check Style _____
 Group Code _____ Quantity _____

Opened/Approved by: _____

Applicant	ChexSys?	Credit Score	Denied?
Responsible Individual			
Authorized Signer 1			
Authorized Signer 2			
Authorized Signer 3			