



## business accounts

Before you begin the application process, please make sure that you have the following information:

- Legal name of Business
- Business Tax ID
- Type of Business
- Business Address and Phone numbers
- Name, SSN, and government ID (driver's license, state issued identification card, military ID or passport) of each owner or authorized signors

Please complete the Business Account Application and either mail or drop off the form and copies of business documents to the Credit Union:

**Mail:**                   **AMPLIFY FCU**  
**P O Box 85300**  
**Austin, TX 78708**

**Drop Off:**           **2608 Brockton Ln**  
**Austin, TX 78758**

**13050 Pond Springs Rd**  
**Austin, TX 78729**

**115 Sundance Pkwy, Ste. 500**  
**Round Rock, TX 78681**

**202 Walton Way, Ste 200**  
**Cedar Park, TX 78613**

### Important Information about Opening an Account

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask for your driver's license or other identifying documents.

DATE \_\_\_\_\_

## Business Account Card

MEMBER / ACCOUNT OWNER INFORMATION		
NAME		BUSINESS TAX ID NUMBER
OTHER TRADE OR D/B/A NAMES		
Type of Entity		
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability	<input type="checkbox"/> Unincorporated Organization <input type="checkbox"/> Association/Club <input type="checkbox"/> Other: _____
ACCOUNT INFORMATION		
MAILING ADDRESS		
PHYSICAL ADDRESS		
BUSINESS PHONE	OTHER PHONE	EMAIL
VERIFICATION (MEMBERSHIP ELIGIBILITY / IDENTITY)		
NATURE OF BUSINESS		
ACCOUNT TYPE		
<input type="checkbox"/> Share/Savings _____ <input type="checkbox"/> Share Draft/Checking _____ <input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Money Market _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
ACCOUNT SERVICES		
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below): _____		<input type="checkbox"/> Estatements <input type="checkbox"/> Home Banking      Temporary PIN: _____
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT		
<p>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 person or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>		
PRIMARY OWNER / CONTACT INFORMATION – SEE ACCOUNT AUTHORIZATION CARD		
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION		
<p><i>Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:</i></p> <p>(1) <i>The number shown on this form is the Account Owner's correct taxpayer identification number,</i>            (2) <i>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</i>            (3) <i>The Account Owner has been organized in the US, and is a U.S. person.</i></p> <p><b>Certification Instructions.</b> 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 the appropriate W-8 form if Account Owner is not a U.S. person.</p>		
AUTHORIZATION		
<p>1. Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)</p> <p>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 Card, 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. <b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b></p>		
<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> SIGNATURE _____ DATE _____ NAME: _____	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> SIGNATURE _____ DATE _____ NAME: _____	
<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> SIGNATURE _____ DATE _____ NAME: _____	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> SIGNATURE _____ DATE _____ NAME: _____	
FOR CREDIT UNION USE ONLY		
EFFECTIVE DATE	OPENED / APPROVED BY	MEMBERSHIP VERIFICATION
COPIES OBTAINED:		
<input type="checkbox"/> CORPORATE RESOLUTION <input type="checkbox"/> ASSUMED NAME CERTIFICATE	<input type="checkbox"/> PARTNERSHIP AGREEMENT <input type="checkbox"/> CERTIFICATE OF STATUS	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS <input type="checkbox"/> OTHER: _____
CIP CERTIFICATION:	<input type="checkbox"/> OFAC <input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> OTHER: _____

**MEMBER INFORMATION**

Member/Owner:		Account No.
Address:		
Phone: Home	Work	Date: 3/21/06
E-mail:		
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Association Club <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other:
<input type="checkbox"/> Living Trust <input type="checkbox"/> LLC (Limited Liability Company)		

Other Name(s):

**AUTHORIZED SIGNERS**

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority below apply to the Member/Owner listed above. The signers further acknowledge receipt of and agree to the terms of the Membership and Account Agreement, Account Card, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, as amended by the Credit Union from time to time.

	X	
Name SSN	License	Signature
	X	
Name SSN	License	Signature
	X	
Name SSN	License	Signature
	X	
Name SSN	License	Signature

**CERTIFICATE OF AUTHORITY**

1. **Member/Owner.** The Member/Owner name shown is the complete and correct name of the Member/Owner. If applicable, all registered assumed names under which the Member/Owner does business are shown. Each corporate officer, partner or trustee, whichever is applicable, warrants that the corporation, partnership, or living trust has been duly formed and is currently existing.
2. **Authorized Signers.** The officers, authorized agents, or trustees, as applicable, (Signers) presently occupy the positions shown and are authorized to transact business on behalf of the Member/Owner. Each Signer agrees to notify the Credit Union in writing of any change in authority. Credit Union may request any other evidence of Signer's authority at any time.
3. **Authority.**
  - a. Each Signer certifies and agrees that the Member/Owner's accounts will be governed by the terms set forth in the Membership and Account Agreement and Account Card, as amended from time to time.
  - b. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate signature, drawn against any of the Member/Owner's accounts. Any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member/Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
  - c. The authority given to the Authorized Signers and Persons Authorized to Receive Account Information shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at each location where an account is maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Member/Owner will notify the Credit Union of any change in the Member/Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Member/Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
4. **Liability.** Member/Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change or change of Member/Owner. The Member/Owner agrees that the Credit Union shall not be liable for any losses due to the Member/Owner's failure to notify the Credit Union of such changes.

**FOR CREDIT UNION USE ONLY**

■ See Account Card

Effective Date:	Opened/App'd by:	Member Verification:
Reviewed Documentation:		
Copies Obtained:		
<input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Assumed Name/DBA Papers	<input type="checkbox"/> Certificate/Affidavit of Trust <input type="checkbox"/> Trust (front and back)	<input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Other: