



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.

NEW UPDATE DATE: _____

Business Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 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.

ACCOUNT TYPE

Suffix*

Suffix*

Share/Savings _____

Money Market _____

Share Draft/Checking _____

Other: _____

Share Certificate _____

Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Overdraft Protection (Indicate transfer priority below):

ATM Card: _____

Debit Card: _____

PC Access/Internet Banking

Other: _____

Audio Response

MEMBER/ACCOUNT OWNER INFORMATION

NAME MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES

Type of Entity

Corporation

Partnership

Unincorporated Organization

Limited Liability Company

General

Association/Club

Select Classification Code: D = Disregarded Entity

Limited

Other: _____

C = Corporation

Limited Liability

Sole Proprietorship

P = Partnership

ACCOUNT INFORMATION

STATE ORGANIZED

EIN/TIN

BUSINESS LICENSE NUMBER

ISSUANCE DATE

EXPIRATION DATE

STATE ISSUED

MAILING ADDRESS

PHYSICAL ADDRESS

BUSINESS PHONE

OTHER PHONE

WEB SITE ADDRESS/EMAIL

VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)

NATURE OF BUSINESS

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUANCE DATE

EXPIRATION DATE

HOME ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE

BIRTHDATE

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT

POSITION

SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S)

STATE ISSUED

ISSUANCE DATE

EXPIRATION DATE

HOME ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE

BIRTHDATE

PRINCIPAL/CONTACT INFORMATION			
PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE
PRINCIPAL/CONTACT INFORMATION			
PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION			
<i>Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:</i>			
<p>(1) The number shown on this form is the Account Owner's correct taxpayer identification number,</p> <p>(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</p> <p>(3) The Account Owner has been organized in the U.S. and is a U.S. person.</p>			
<p>Certification 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 the appropriate W-8 form if Account Owner is not a U.S. person.</p>			
AUTHORIZATION			
<p>____ 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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>			
<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px; text-align: center; font-size: 2em; font-weight: bold;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE:</p>	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px; text-align: center; font-size: 2em; font-weight: bold;">X</div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <p>TITLE:</p>		
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FOR CREDIT UNION USE ONLY			
EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION	
ENTITY FORMATION DOCUMENTS REVIEWED BY			
COPIES OBTAINED:			
<input type="checkbox"/> CORPORATE RESOLUTION	<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS	
<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> FINANCIAL STATEMENTS	<input type="checkbox"/> OTHER:	
GOVERNMENT LIST(S) CHECKED: <input type="checkbox"/> TREASURY CIP LIST <input type="checkbox"/> OFAC <input type="checkbox"/> OTHER:			
LIST VERIFICATION COMPLETION DATE		BY	

Authorization Designation

Member/Account Number: _____

Location of principal office _____ ("Business/Organization")
State of organization (if applicable) _____

FORM OF ORGANIZATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Association/Club |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited | |
| <input type="checkbox"/> Unincorporated Organization | <input type="checkbox"/> Limited Liability | |

The following authorizations are attached to and are a part of this document:

- | | |
|---|--|
| <input type="checkbox"/> Authorization for Share/Deposit Accounts | <input type="checkbox"/> Authorization for Borrowing |
| Dated: _____ | Dated: _____ |

ADOPTION BY VOTE OF GOVERNING MEMBERS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company. The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

X _____
Signature Title Date

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date

Execute one section only.

Authorization for Share/Deposit Accounts

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with Amplify Federal Credit Union ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/ Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least ___ Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document. *(The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)*

Authorized Person(s) for Share/Deposit Accounts

_____	_____	X
Name (print)	Title	Facsimile/Specimen Signature
_____	_____	X
Name (print)	Title	Facsimile/Specimen Signature
_____	_____	X
Name (print)	Title	Facsimile/Specimen Signature
_____	_____	X
Name (print)	Title	Facsimile/Specimen Signature

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:

- Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
- Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
- Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)

