

# NAPUS Federal Credit Union Business Account Application

Date \_\_\_\_\_ Account Number \_\_\_\_\_

“I” and “My” mean each and every person who signs below. “You”, “Your”, “We” and “NAPUS” mean NAPUS Federal Credit Union.

**Customer Identification Requirements:** Pursuant to federal law, we must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this application must provide his/her name, address, date of birth, and other identifying information. We can ask to see your driver’s license or other identifying documents and documents confirming your business’s existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.

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|--|
| <b>Part 1. General Information</b>                           |
| Legal Business Name  |
| DBA (Doing business as)                                      |
| Business Street Address                                      |
| City, State, ZIP   |
| Mailing Address<br><i>(if different from street address)</i> |
| Business Purpose   |
| Telephone  |
| Fax  |
| E-mail   |

## **PART 2. Business Type**

- Sole Proprietorship                       Limited Liability Partnership                       Corporation  
 Limited Partnership                       Limited Liability Company  
 Unincorporated Association                       General Partnership

**Sole Proprietorship:** Attach registered business name statement, if any, and complete the attached sole proprietor's certification.

**General Partnership (including joint ventures):** Attach registered business name statement and Certificate of Partnership, if any, and complete the attached general partnership certification.

**Corporation:** Attach Articles of Incorporation, registered business name statement (if any), and corporate resolution authorizing establishment of financial institution accounts. In lieu of a resolution, you may use the attached resolution.

**Limited Partnership:** Attach Certificate of Limited Partnership and registered business name statement, if any, and complete the attached limited partnership certification.

**Limited Liability Company:** Attach Articles of Organization and registered business name statement, if any, and complete the attached LLC certification.

**Limited Liability Partnership:** (For lawyers, accountants and architects): Attach LLP Registration and registered business name statement, if any, and complete the attached LLP certification.

**Unincorporated Association:** Attach resolution that authorizes establishment of financial institution accounts. In lieu of a resolution, you may use the attached resolution form.

## **Part 3. Account / Loan Products**

Please select the account(s) you are interested in:

- Business Share Savings                       Online Banking/Bill Pay  
 Business Basic Checking                       Visa Debit Card (Checking Required)  
 Business Money Market

Please select the loan product(s) you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Business Visa Credit Card   | <input type="checkbox"/> Secured Term Loan   |
| <input type="checkbox"/> Commercial Real Estate Loan | <input type="checkbox"/> Unsecured Term Loan |
| <input type="checkbox"/> Unsecured Line of Credit    |  |

#### Part 4. Agreement

By completing this application, I am requesting that you open this account as indicated. I authorize you to verify the information on this application with third parties such as credit agencies. I authorize you to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer. I agree that you may rely on the signature authority indicated on this application until notified otherwise in writing. All accounts opened will be subject to federal law and NAPUS bylaws, policies and rules. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates and charges established by you for the type of account being opened, as stated in NAPUS Deposit Account Agreement, Fee Schedule, Electronic Banking Disclosure and Funds Availability Disclosure as amended from time to time. I certify that the accounts opened will not be used for personal, family or household purposes. I authorize you to verify the information provided by me through the National Check Protection Service (NCPS), and understand that the opening of this account is provisional, subject to a satisfactory report from NCPS/Efunds/Chex Systems.

|            |       |                      |
|------------|-------|----------------------|
| _____      | _____ | _____                |
| Print Name | Title | Authorized Signature |
| _____      | _____ | _____                |
| Print Name | Title | Authorized Signature |
| _____      | _____ | _____                |
| Print Name | Title | Authorized Signature |
| _____      | _____ | _____                |
| Print Name | Title | Authorized Signature |

**Part 5. Taxpayer ID Number (TIN) Certification and Backup Withholding**

*Completion of this section is mandatory for all accounts.*

**TAX CERTIFICATION:** By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. Company, where the owners are U.S. citizens (including resident alien) who are either (a) exempt from backup withholding, or (b) have never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) have been notified by the IRS that it is no longer subject to backup withholding. I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

Business Taxpayer ID (TIN): \_\_\_\_\_

If this business is subject to backup withholding, check here:

\_\_\_\_\_  
Print Name Title Authorized Signature

**PART 6. SOLE PROPRIETOR/GENERAL PARTNERSHIP/LIMITED PARTNERSHIP/LLC/LLP CERTIFICATION**

By signing below, I/we certify (check one):

- I am the sole owner of the Sole Proprietorship requesting and depositing funds to this/these account(s).
- I am the general partner of the Limited Partnership requesting and depositing funds to this/these account(s).
- We are all partners of the General Partnership (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.
- I/we am/are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.
- I/we am/are all of the partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked. This is not a fiduciary account (such as an attorney-client trust account).

I/we certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts.

I/we agree on behalf of the named business entity to all terms stated on this application and separate account agreements provided to me/us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**PART 7. CORPORATION / UNINCORPORATED ASSOCIATION  
RESOLUTION**

**Resolved that**, the \_\_\_\_\_ (title(s) of this entity) is/are authorized to open and maintain accounts with NAPUS Federal Credit Union as indicated on this application, a copy of which has been presented to the meeting of the directors/officers of \_\_\_\_\_ (name of entity).

**Further resolved**, that the persons identified as authorized signers on this application are authorized to conduct all business on financial institution accounts for this entity, including but not limited to opening accounts, closing accounts, depositing and withdrawing funds consistent with indicated signature authorizations.

**Certification:** I certify that I am the Secretary of this corporation or unincorporated association, that the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on \_\_\_\_\_, 20\_\_\_\_, and that these resolutions remain in effect and have not been modified.

Executed on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
Date City State

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Print Name

**NAPUS**  
FEDERAL CREDIT UNION

1-800-336-0284

[www.napusfcu.org](http://www.napusfcu.org)