



Business Account Application and Agreement

 New

 Update

(888) 354-6228
 P.O. Box 11777
 Santa Ana, CA 92711

Important Information about Procedures for Opening a New 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 who opens an account or is an owner. What this means for Me: When I open an account, you will ask for my (our) name, address, date of birth, and other information that will allow you to identify me (us). You may also ask to see my (our) driver's license(s) or other identifying documents.

BUSINESS INFORMATION	
Business Name	Business Tax ID No. (EIN/TIN/SSN)
DBA (if applicable)	Date Business Established (MM/DD/YY)
Business Address (Physical – cannot be a postal box)	Business Phone No.
Mailing Address (if the same as above, leave blank)	Alternate Phone No.
Email Address	Website
TYPE OF BUSINESS	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Association	
Line of Business (e.g. dentist, plumber, etc.)	Market Area (e.g. Santa Ana, Orange County, Southern CA, USA, etc.)
This business/association is <input type="checkbox"/> incorporated <input type="checkbox"/> unincorporated and was organized on _____ (date) at _____ (location).	

BUSINESS PRODUCTS AND SERVICES		
<input type="checkbox"/> Business Savings Account	<input type="checkbox"/> Business Term Share	<input type="checkbox"/> ATM/Debit Card
<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Other _____
<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Mobile Banking	

OWNER INFORMATION			
(Any person with 25% or more in ownership of the business must be added below. The owners listed below do not transact on the account unless they are added to the Authorized Signers section)			
Owner 1 Name	Title	Owner 2 Name	Title
Address		Address	
City	State	Zip	City
State	Zip		State
City	State	Zip	City
State	Zip		State
Social Security No.	Date of Birth	Social Security No.	Date of Birth
Driver License No.	State	Issue Date	Expiration Date
Driver License No.	State	Issue Date	Expiration Date
Home Phone	Mobile Phone	Home Phone	Mobile Phone
Email	Ownership %	Email	Ownership %

OWNER INFORMATION (continued)

Owner 3 Name		Title		Owner 4 Name		Title									
Address				Address											
City		State		Zip		City		State		Zip					
Social Security No.			Date of Birth			Social Security No.			Date of Birth						
Driver License No.		State		Issue Date		Expiration Date		Driver License No.		State		Issue Date		Expiration Date	
Home Phone			Mobile Phone			Home Phone			Mobile Phone						
Email				Ownership				Email				Ownership			
				%								%			

❖ **CONTROL:** The following individual has significant responsibility for managing the legal entity listed above: _____

AUTHORIZED SIGNER INFORMATION

(All Authorized Signers are allow to access and transact on all account under this membership)

Authorized Signer 1 Name						Authorized Signer 2 Name									
Address						Address									
City		State		Zip		City		State		Zip					
Social Security No.			Date of Birth			Social Security No.			Date of Birth						
Driver License No.		State		Issue Date		Expiration Date		Driver License No.		State		Issue Date		Expiration Date	
Home Phone			Mobile Phone			Home Phone			Mobile Phone						
Email						Email									
Authorized Signer 3 Name						Authorized Signer 4 Name									
Address						Address									
City		State		Zip		City		State		Zip					
Social Security No.			Date of Birth			Social Security No.			Date of Birth						
Driver License No.		State		Issue Date		Expiration Date		Driver License No.		State		Issue Date		Expiration Date	
Home Phone			Mobile Phone			Home Phone			Mobile Phone						
Email						Email									

In this Application and Agreement, the words "owner(s)," "I," "we," and "our" jointly and severally refer to the holder(s) of and the authorized signers on this account. The words "Credit Union," "you," and "your" mean Orange County's Credit Union, except in the Request for Taxpayer Identification Number section where the words "I" and "our" mean the individual(s) who signs the Certificate. Account(s) established now or later shall be governed by the Credit Union's bylaws as well as the terms and conditions set forth in this Application and Agreement and the applicable terms and conditions set forth in the Credit Union's Business Account Agreement and Truth-and-Savings Disclosure, receipt of which is hereby acknowledged. We agree to notify the Credit Union if the business or organization terminates or is dissolved, voluntarily or involuntarily.

If I am not currently a Member, I hereby make application for Membership in Orange County's Credit Union. This application supersedes all prior applications for this account.

I (We), the undersigned President and Secretary/Treasurer, Partners, Owner, respectively, of _____, certify that at a regularly held meeting, the person(s) identified above as "Authorized Signers" were, by resolution, designated as authorized signers on this account and that by virtue of the authority vested in them by the constitution, bylaws, or otherwise, they, or any one of them, acting ALONE OR SEVERALLY, are authorized and empowered to transact business of any character whatsoever in connection with this account. We certify that his/her/their authority shall continue in force until written notice to the contrary is received by the Credit Union.

NOTE: The Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving internet gambling, money services businesses, and/or business entities classified as "High-Risk" in accordance with the Bank Secrecy Act (BSA). This may include, but is not limited to:

- financial, investment, or credit service providers (including money services businesses and tax preparation services)
- IP infringement, regulated, or illegal products (internet gambling providers, cannabis-related services, and online tobacco or pharmacies)
- unfair, predatory, or deceptive practices
- other high-risk products or services (travel agencies or other travel-related services, membership clubs, and multi-level marketing programs)

The Credit Union periodically scans all business members and associated accounts. If prohibited high-risk deposit or unsatisfactory account handling transactions are detected, the Credit Union will review the account for immediate account restriction and/or closure.

DISCLOSURE AND AGREEMENT

I (We) understand that this Agreement is not valid without my (our) signature(s). The words "I" "we" "our" refer to either the Business Owner or the business entity. I understand that the Credit Union requires \$100 minimum new business membership deposit. I (We) confirm that I (we) have received and agree with the Business Disclosure Packet. I (we) certify that I (we) do not participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (we) further agree that such transactions are prohibited from being processed through the Credit Union business account or any relationship with the Credit Union. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include; Currency Dealer or Exchanger, Check Cashier, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service.

I (We) further understand that Credit Union reserves the right to deny or restrict any high-risk deposit entities conducting internet gambling or MSB transactions, and the Credit Union may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (we) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify the Credit Union in advance of such change.

Membership at Orange County's Credit Union comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at the Credit Union. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (we) agree to accept communications from the Credit Union, including account statements, at the mailing address I (we) have provided in the "Business Information" section of this application, unless I (we) instruct the Credit Union otherwise in writing. I (We) also agree to notify the Credit Union of any change to this address.

If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. The Credit Union reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or it is discovered that the activity on the account is not as generally described in the "Business Information" section of this application.

By signing below, I (we) agree that I (we) have received all disclosures contained in this Account Application. I (we) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.

In Witness Whereof, we have hereunto set our hands this _____ day of _____, 20_____.

Owner 1 Signature	Printed Name
Owner 2 Signature	Printed Name
Owner 3 Signature	Printed Name
Owner 4 Signature	Printed Name

Authorized Signer 1 Signature	Printed Name
Authorized Signer 2 Signature	Printed Name
Authorized Signer 3 Signature	Printed Name
Authorized Signer 4 Signature	Printed Name

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Part I	Taxpayer Identification Number (TIN)			
<p>Enter your TIN in the appropriate box. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> in "Specific Instructions" Part I.</p>				
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Social Security Number</td> </tr> <tr> <td style="text-align: center;">Or</td> </tr> <tr> <td style="text-align: center;">Employer Identification Number</td> </tr> </table>		Social Security Number	Or	Employer Identification Number
Social Security Number				
Or				
Employer Identification Number				
<p>Note: If the account is in more than one name, see <i>What Name and Number To Give the Requester</i> in "Specific Instructions" for guidelines on whose number to enter.</p>				

Part II	Certification
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and Check the box if you are NOT subject to backup withholding <input type="checkbox"/> <p style="margin-left: 20px;">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 not 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 am no longer subject to backup withholding, and</p> I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and I am exempt from FATCA reporting. 	
Sign Here	<p>Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p> <p>Signature of U.S. person ► Date ►</p>

For Credit Union Use Only				
Type of Business:				
Products/Services Provided:				
Market Area Served:				
Cash in: \$ per month	Cash Out: \$ per month	Checks Deposited: \$ per month	# of Checks per month	per
International Wires: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what country(ies)			
Source(s) of Opening Deposit:	<input type="checkbox"/> Transfer from personal account	<input type="checkbox"/> Transfer from business account	<input type="checkbox"/> Proceeds from business transaction	
Membership Eligibility:				
Membership Officer:	Date Approved:			