

## Opening a Business Account at First Entertainment Credit Union

Thank you for your interest in establishing your business banking relationship with First Entertainment Credit Union. We are glad you are considering us as a financial partner to your business' success.

To ensure we can address your business banking needs in an expeditious manner, there are a few documents you will need to provide in addition to completing the Business Signature Card and Agreement. Additionally, the representative will ask you questions regarding the nature of your business and the financial transactions anticipated to occur on this account.

If at any time you have any questions, please feel free to give us a call, a representative will be happy to answer any questions you may have:

**888.800.3328**

Below are the types of businesses we serve, along with a list of documents which may be necessary to open a business account at First Entertainment Credit Union:

### **DOCUMENTS FOR ALL BUSINESS TYPES LISTED BELOW**

- Proper unexpired U.S. Government-issued ID for all principal owners and authorized signers
- Federal Tax ID Number, IRS Assignment Letter, or Social Security Number
- Two months' bank statements for business; if unavailable for business, personal bank statement
- Business License/Sales Tax Certification/Seller's Permit
- Business Activity Questionnaire
- Completed Business Signature Card and Agreement

### **SOLE PROPRIETORSHIP**

- Recorded/Filed Fictitious Business Name Statement, filed more than 30 days ago
- Proof of Publication, if applicable

### **GENERAL PARTNERSHIP**

- Recorded/Filed Statement of Partnership Agreement (GP-1)
- Partnership Agreement
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Recorded/Filed Fictitious Business Name Statement, filed more than 30 days ago, and Proof of Publication, if applicable

### **LIMITED PARTNERSHIP**

- Recorded/Filed Certificate of Limited Partnership, (LP-1)
- Limited Partnership Agreement
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Registration of Foreign Limited Partnership (LP-5), if partnership was established outside of CA
- Recorded/Filed Fictitious Business Name Statement, filed more than 30 days ago, and Proof of Publication, if applicable

### **CORPORATION**

- Recorded/Filed Articles of Incorporation and amendments, including Certificate from Secretary of State
- Recorded/Filed Statement of Information, (SI-200)
- Certified copy of Corporate Resolution with Seal, and/or Minutes, which identifies authorized signers.
- Recorded/Filed Fictitious Business Name Statement, filed more than 30 days ago, and Proof of Publication, if applicable
- Statement and Designation by Foreign Corporation, (S&DC-S/N), if corporation was established outside of CA



**LIMITED LIABILITY COMPANY**

- Recorded/Filed Articles of Organization, and amendments, (LLC-1)
- Recorded/Filed Limited Liability Company Statement of Information, (LLC-12)
- Operating Agreement
- Recorded /Filed Fictitious Business Name Statement, filed more than 30 days ago, and Proof of Publication
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Registration of Foreign Limited Liability Companies, (LLC-5), if company was established outside of CA

**UNINCORPORATED ASSOCIATION**

- Recorded/Filed copy of Articles of Association (UA-100), or
- Recorded/Filed Statement of Unincorporated Association (LP/UNA 128)
- Organization's Bylaws
- Letter of Authority or Minutes
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers

First Entertainment Credit Union reserves the right to deny or restrict services to certain high-risk deposit business entities. The Credit Union does not open memberships or accounts for Money Service Businesses (MSB's), Agents of MSB's, businesses that participate or conduct transactions related to Internet Gambling, medical marijuana-related businesses, or privately-owned and/or operated ATM machines. In addition, the Credit Union does not open memberships or accounts for businesses owned or operated outside the United States, embassies, foreign consulates, foreign trade companies, or foreign financial institutions located within the United States.

## BUSINESS SIGNATURE CARD AND AGREEMENT

Account Number: \_\_\_\_\_  New  Update Date: \_\_\_\_\_

### 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.

**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 also ask to see your driver's license or other identifying documents.

### PRODUCTS AND SERVICES APPLIED FOR:

Business Savings Account	Business Money Market Savings	Debit Card
Business Essentials Checking	Business Share Certificate	Online Banking - CU.online
Business Advantage Checking	Overdraft Protection Transfer	Mobile Banking

### BUSINESS INFORMATION

Sole Proprietor  
  Partnership  
  Corporation  
  Limited Liability Company  
  Association

Full Legal Business Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_ Website Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Business Established: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Business Industry: \_\_\_\_\_

### Owner/ Authorized Signer Information

#1	Owner/Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Beneficial Ownership:
Name:		Social Security Number:	Date of Birth:
Title:		Occupation:	
Physical Address:			
ID Type and Number:	State Issued:	Issue Date:	Expiration Date:
Home/Cell Phone #:		Work Phone #:	
Email Address:		Signature:	

### Owner/ Authorized Signer Information

#2	Owner/Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Beneficial Ownership:
Name:		Social Security Number:	Date of Birth:
Title:		Occupation:	
Physical Address:			
ID Type and Number:	State Issued:	Issue Date:	Expiration Date:
Home/Cell Phone #:		Work Phone #:	
Email Address:		Signature:	

For additional owners/signers, complete Addendum A

## BUSINESS SIGNATURE CARD AND AGREEMENT, cont.

### Terms & Conditions

This business/association is    incorporated    unincorporated and was originated on \_\_\_\_\_ (date) at \_\_\_\_\_ (location).

In this Signature Card and Agreement, the words "owner(s)", "we", "you", and "your" jointly and severally refer to the holder(s) of and the authorized signers on this account. The word "Credit Union" means First Entertainment Credit Union. Account(s) established now or later shall be governed by the Credit Union's bylaws as well as by the terms and conditions set forth in this Signature Card and Agreement and the applicable terms and conditions set forth in the Business Account Agreement and Disclosure, receipt of which is hereby acknowledged. You agree to notify the Credit Union if the business or organization terminates or is dissolved, voluntarily or involuntarily. We, the undersigned, certify that, at a regularly held meeting, the persons 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 your bylaws or otherwise, they, or any one of them, acting ALONE AND 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.

You authorize the Credit Union to obtain information regarding my identity, credit history, and other banking history from a consumer reporting agency. I understand and agree that if the information received from the consumer reporting agency results in a decision not to open the account(s), the Credit Union may communicate the decision to all owners and authorized signers on the account. I hereby make application for membership in FIRST ENTERTAINMENT CREDIT UNION and agree to conform to the bylaws and amendments thereof. I certify that I am within the Credit Union's field of membership.

In Witness Whereof, we have hereunto set our hands this \_\_\_\_\_ (date).

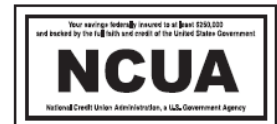
1.			
	Print Name	Title (Owner/Officer/Partner/Member)	Signature
2.			
	Print Name	Title (Owner/Officer/Partner/Member)	Signature
3.			
	Print Name	Title (Owner/Officer/Partner/Member)	Signature

### REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

<b>Part I.</b>	<b>Taxpayer Identification Number (TIN)</b>	
Enter your TIN in the appropriate box. <b>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.</b> For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see <b>How to get a TIN</b> in "Specific Instructions" Part I.  Note: <i>If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester".</i>	Social Security Number:	
	Employer Identification Number:	
<b>Part II.</b>	<b>Exemptions (If Any)</b>	
<b>Note Regarding Exempt Payee Code:</b> <i>If you are exempt from backup withholding, you should provide an Exempt Payee Code to avoid possible erroneous backup withholding.</i>  <b>Note Regarding Exemption from FATCA Reporting Code:</b> <i>If you are only submitting this form for an account you hold in the United States, you may leave this field blank.</i>	Exempt Payee Code (if any):	
	Exemption from FATCA Reporting Code (if any):	
<b>Part III.</b>	<b>Certification</b>	
By signing below, you certify, under the penalties of perjury, that:		
1. The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you); and 2. You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding; and 3. The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting are correct; and 4. You are a U.S. person (including a U.S. resident alien).		
Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.		

Sign Here    Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

U.S. Person \_\_\_\_\_ Date \_\_\_\_\_



**Federally Insured by NCUA  
up to at least \$250,000**

**ADDENDUM A**

Account Number: \_\_\_\_\_ New Update Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Owner/ Authorized Signer Information**

#3	Owner/Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Beneficial Ownership:
Name:		Social Security Number:	Date of Birth:
Title:		Occupation:	
Physical Address:			
ID Type and Number:	State Issued:	Issue Date:	Expiration Date:
Home/Cell Phone #:		Work Phone #:	
Email Address:		Signature:	

**Owner/ Authorized Signer Information**

#4	Owner/Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Beneficial Ownership:
Name:		Social Security Number:	Date of Birth:
Title:		Occupation:	
Physical Address:			
ID Type and Number:	State Issued:	Issue Date:	Expiration Date:
Home/Cell Phone #:		Work Phone #:	
Email Address:		Signature:	

**Owner/ Authorized Signer Information**

#5	Owner/Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Beneficial Ownership:
Name:		Social Security Number:	Date of Birth:
Title:		Occupation:	
Physical Address:			
ID Type and Number:	State Issued:	Issue Date:	Expiration Date:
Home/Cell Phone #:		Work Phone #:	
Email Address:		Signature:	

**Principal Owner**

Name:
Title:
Signature: