

Business Account Application

New Account Account Change

Account and Services

- Business Membership Savings
 Simple Business Savings
 Business Instant Access
 Business Share Certificate
 Simple Business Checking
 Business Dividend Checking
 Business Debit Rewards
 Online Banking

Business Information

Date	Business Name	DBA Name (if applicable)	
Account Owner (if different from Business Name Above)	Member Number	Taxpayer Identification Number (TIN) (i.e., SSN, EIN)	
Address	City	State	Zip
Email	Business Phone Number ¹	Fax	
Business Website			

¹ By providing a cell phone number, you consent to receiving calls from First Technology Federal Credit Union (First Tech), our affiliates, and agents. Calls may include prerecorded or artificial voice messages, text messages, and those made by an automated telephone dialing system. You may incur fees for such calls and messages from your cell phone provider.

Type of Entity:

Enter your business entity's structure type above **Business Owner² Personal Member Number**

² If there are multiple business owners, supporting document(s) addressing ownership within the business for each owner may be requested.

Business Requirements

First Tech requires the person(s) opening the account to be either a business owner or authorized signer. We may require additional information/documentation in order to establish an account.

<p>Sole Proprietorship</p> <input type="checkbox"/> Federal EIN letter if applicable	<p>Limited Liability Company (LLC)</p> <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ⁴ <input type="checkbox"/> Active Articles of Organization filed with the State <input type="checkbox"/> Federal EIN letter
<p>If using DBA/ABN/Fictitious Name:</p> <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing ³ ³ Required in most cases.	<p>If using DBA/ABN/Fictitious Name:</p> <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing
<p>Partnership</p> <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ⁴ <input type="checkbox"/> Federal EIN letter	<p>Corporation</p> <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ⁴ <input type="checkbox"/> Active Articles of Incorporation filed with the State <input type="checkbox"/> Federal EIN letter
<p>If using DBA/ABN/Fictitious Name:</p> <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing	<p>If using DBA/ABN/Fictitious Name:</p> <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing
<p>Club/Association</p> <input type="checkbox"/> Unexpired business name filing if required by the state <input type="checkbox"/> Meeting minutes or association bylaws naming persons authorized to establish and sign for an account <input type="checkbox"/> Federal EIN letter	

⁴ Must list owners or officers of the business.

First Tech is unable to open accounts for certain business types including but not limited to those listed below:

- | | |
|--|--|
| <p>A. Nonbank Financial Institutions (“NBFIs”), including:</p> <ol style="list-style-type: none"> 1. Businesses involved in gambling, including internet gambling and casinos/cardrooms; 2. Jewelry stores; 3. Pawn Shops; 4. Travel Agencies; 5. Vehicle Dealers (e.g., auto, recreational vehicle “RV”, motorcycle, boat, etc.); 6. Auction Houses (including online/electronic auctions); 7. Insurance Companies; 8. Investment Companies; 9. Finance Companies, including debt consolidation and payday lenders; 10. Businesses primarily engaged in the buying and selling of gift cards (including closed-loop stored value), monetary instruments (such as money orders), or loyalty rewards (e.g., credit card rewards points, airline miles, coupons, etc.); and 11. Money Service Businesses including currency dealer/exchanger including cryptocurrency, check cashers, issuers of money orders or stored value, sellers or redeemers of traveler’s checks, money transmitters, and the United States Postal Service. | <p>B. ATM owners or operators;</p> <p>C. Payroll or payment processors and other third-party payment processors;</p> <p>D. Marijuana Related Businesses (“MRB”) involved in the growing or producing of marijuana plants or derivatives;</p> <p>E. Businesses participating in or providing services primarily to federally illegal industries;</p> <p>F. Religious organizations, donation accounts, and political action committee accounts;</p> <p>G. Businesses that publish or create adult content;</p> <p>H. Foreign banks and correspondent accounts;</p> <p>I. Foreign businesses (not domiciled in the United States);</p> <p>J. Foreign Politically Exposed Person (“PEP”); and</p> <p>K. Interest Only Lawyers Trust Account (“IOLTA”)/Lawyer Trust Accounts and Attorney Client Trust Accounts.</p> |
|--|--|

Does your business fit into any of these categories? Yes No

If you answer “No” and your business later changes or we determine you are conducting transactions from one of these types of business through your First Tech account, we may restrict your accounts in accordance with the Limitation of Services and Termination of Membership Corporate Policy.

Business Detail

Year Business Established _____

Number of Employees _____

Describe your business in detail (including NAICS if applicable):

Describe the products/services you sell/offer in detail:

Does your business accept any of the following?

ACH Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
ACH Debit	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
Will your business require domestic <input type="checkbox"/> incoming and/or <input type="checkbox"/> outgoing wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
Will your business require international <input type="checkbox"/> incoming and/or <input type="checkbox"/> outgoing wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+
Credit cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$500 <input type="checkbox"/> \$500–\$3,000 <input type="checkbox"/> \$3001–\$10,000 <input type="checkbox"/> \$10,000+

Authorized Signers/Persons

Name	Title	SSN/TIN	
Address	City	State	Zip
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
Issue Date	Expiration Date	Phone ¹	Email
Bus. Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Title	SSN/TIN	
Address	City	State	Zip
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
Issue Date	Expiration Date	Phone ¹	Email
Bus. Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Title	SSN/TIN	
Address	City	State	Zip
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
Issue Date	Expiration Date	Phone ¹	Email
Bus. Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Title	SSN/TIN	
Address	City	State	Zip
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
Issue Date	Expiration Date	Phone ¹	Email
Bus. Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			

By providing you with a telephone number for a cellular phone, other wireless and/or digital device, I am expressly consenting to receive communications, including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system, from you and your affiliates and agents at that number. This consent applies to each telephone number that I provide to you now, in the future, or if the nature of the device changes and permits such calls regardless of their purpose. Calls and messages may incur access fees from my service provider.

All Applicants' Initials _____

Certification of Beneficial Owner(s)

Check if certification is not applicable because entity is a sole proprietorship or unincorporated association.

Provide the following information for one individual with significant responsibility for managing the Legal Entity listed above (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions:

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance ⁵

⁵ In lieu of a passport number, foreign persons may also provide any other acceptable identification.

Provide the following information for **each** individual⁵, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity:

Check if not applicable because no individual owns 25% or more.

	Name/Title	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number & Country of Issuance ⁵	% of Ownership
1						
2						
3						
4						

Beneficial owner detail: Only if applicable, explain any layers of beneficial ownership, etc. (For example: ABC Co. is 50% owned by 123 Corp., 123 Corp. is 50% owned by John Doe; therefore, John is a 25% beneficial owner of ABC Co.).

Business/Organization Resolution of Authority

1. **ACCOUNT OWNER.** The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown on the front side. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account owner has been duly formed and currently exists.
2. **AUTHORIZED PARTIES.** The persons signing below (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. Each Signer agrees to notify First Tech in writing of any change in authority. First Tech may request any other evidence of a Signer's authority at any time.
3. **AUTHORITY.**
 - a. Each Authorized Party listed below (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Membership and Account Agreement and applicable Checking & Savings, Certificate, and Business Account Rate Sheets and Fee Schedule, receipt of all of which is hereby acknowledged and are incorporated by this reference, as amended from time to time.
 - b. First Tech is directed to accept and pay without further inquiry any item, bearing the signature as indicated on the front side, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by First Tech and to execute such other agreements and to perform any other transaction under the Agreement.
 - c. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by First Tech 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 Account Owner will notify First Tech of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and First Tech before any such change occurs. First Tech 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 First Tech has actual notice of wrongdoing.
 - d. Any persons authorized to receive account information, if applicable, are authorized to receive from First Tech, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. 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 First Tech 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 Account Owner will notify First Tech of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and First Tech before any such change occurs. First Tech 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 First Tech has actual notice of wrongdoing.
4. **LIABILITY.** The Account Owner agrees that First Tech shall not be liable for any losses due to the Account Owner's failure to notify First Tech of such changes. Account Owner and each Signer agree to indemnify and hold First Tech 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 First Tech relies prior to notice of any account change or change of Account Owner.

Resolution to Obtain Financial Institution Services

Use this form to grant authority to the *business owners, partners, First Tech members, and shareholders*, or designated individual, to obtain financial services with First Technology Federal Credit Union.

WHEREAS, _____ (Company) has determined it to be in the Company's best interest to obtain financial services from First Technology Federal Credit Union (First Tech), including but not limited to the establishment, maintenance, or access to routine financial services of savings, checking, or other accounts, as well as borrowing by the Company.

FURTHER, it is resolved that any business entity owners, partners, members, and shareholders, or authorized signer is authorized to act individually on behalf of the Company for the purpose of providing information required by the institution to conduct routine financial services, such as business name, Employer Identification Number, contact information, officers, or other with authority to transact on the account(s).

It will be the responsibility of the owners, partners, members, and shareholders of the business or designated individual, as signed below, to monitor the activity and transactions. Unless named on the Business Account Application, no other individuals will have access to account information provided directly by First Tech.

Unless Operating Agreement or Bylaws state otherwise, all owners must sign in Section 1. Complete Section **1** or **2** below.

1. Signature of **all** owners, partners, members, and shareholders. Attach a separate page if additional space is needed.

_____ Name	_____ Name
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date
_____ Name	_____ Name
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date

2. Signature of Secretary/President/CEO or designated individual.

_____ Name	_____ Title
_____ Signature	_____ Date

2a. List **all** owners, partners, members, and shareholders below or attach separately. **All** owners, partners, members, and shareholders must be First Tech members for the Company to qualify for membership.

_____	_____
_____	_____
_____	_____
_____	_____