

Business Account Application

IMPORTANT NOTICE REGARDING NEW ACCOUNTS

To help the government fight terrorism funding and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies certain owners, officers, or applicants applying on behalf of a business enterprise that opens an account.

WHAT THIS MEANS FOR YOU

When you open or amend an account on behalf of a business enterprise, we'll ask you, as the individual(s) signing this application, for your name, physical street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents. We may also ask for this information regarding certain owners or officers of the business enterprise.

Account Number(s): _____

☐ New Account ☐ Account Change

Account and Services

☐ Business Membership Savings

☐ Business Instant Access

☐ Business Share Certificate

☐ Business Dividend Checking

☐ Business Debit Rewards

☐ Online Banking

Business Information

Date:

Business Name:

DBA Name (if applicable):

Business EIN or SSN:

Business Phone Number¹:

Business Fax (if applicable):

Business Website:

Business Email:

Address:

City:

State: Zip Code:

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.

Organization Structure

Enter organization structure from one of the options below. _____

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.

Sole Proprietorship <input type="checkbox"/> Federal EIN letter if applicable If using DBA/ABN/Fictitious Name: <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name ² ² Secretary of State filing is required if member's full legal name is not a part of the business name.	Limited Liability Company (LLC) <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ³ <input type="checkbox"/> Active Articles of Organization filed with the State <input type="checkbox"/> Federal EIN letter <input type="checkbox"/> Limited Liability Company Members' Certificate If using DBA/ABN/Fictitious Name: <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing
Partnership <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ³ <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Federal EIN letter <input type="checkbox"/> Partners' Certificate (Registered or Unregistered) If using DBA/ABN/Fictitious Name: <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing	Corporation <input type="checkbox"/> Unexpired registration with Secretary of State or agency for the state ³ <input type="checkbox"/> Active Articles of Incorporation filed with the State <input type="checkbox"/> Federal EIN letter <input type="checkbox"/> Corporate Shareholders' Certificate If using DBA/ABN/Fictitious Name: <input type="checkbox"/> Unexpired DBA/ABN/Fictitious Business Name Filing
Club/Association <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	

³ 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:

A. Nonbank Financial Institutions ("NBFIs"), including: 1. Businesses involved in gambling, including internet gambling and casinos/cardrooms; 2. Dealers in precious metals, stones, or jewels; 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 ("MSBs") including dealers in foreign currency exchange, check cashers, issuers of money orders or stored value, sellers or redeemers of traveler's checks, and the United States Postal Service. Money transmitters are also MSBs as defined by FinCEN including those involved in Convertible Virtual Currencies ("CVCs") and cryptocurrencies.	B. ATM owners or operators; C. Payroll or payment processors and other third-party payment processors; D. Marijuana Related Businesses ("MRBs") involved in the growing or producing of marijuana plants or derivatives; E. Businesses participating in or providing services primarily to federally illegal industries; F. Religious organizations, donation accounts, and political action committee accounts; G. Businesses that publish or create adult content; H. Foreign banks and correspondent accounts; I. Foreign businesses (not domiciled in the United States); J. Foreign Politically Exposed Person ("PEP"); K. Interest Only Lawyers Trust Account ("IOLTA")/ Lawyer Trust Accounts and Attorney Client Trust Accounts; and L. Real Estate Client Trust Accounts ("RETAs").
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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 (Note: NAICS code alone is not sufficient):

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 in Business		SSN/TIN
<hr/>			
Address	City	State	Zip Code
<hr/>			
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
<hr/>			
Issue Date	Expiration Date	Phone ¹	Email
<hr/>			

Name	Title in Business		SSN/TIN
<hr/>			
Address	City	State	Zip
<hr/>			
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
<hr/>			
Issue Date	Expiration Date	Phone ¹	Email
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Name	Title in Business		SSN/TIN
<hr/>			
Address	City	State	Zip
<hr/>			
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
<hr/>			
Issue Date	Expiration Date	Phone ¹	Email
<hr/>			

Name	Title in Business		SSN/TIN
<hr/>			
Address	City	State	Zip
<hr/>			
ID Type (Driver's License or other government issued ID)	ID#	Issued By	DOB
<hr/>			
Issue Date	Expiration Date	Phone ¹	Email
<hr/>			

All Applicants' Initials

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.

Business/Organization Representations and Agreement

- 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. The Account Owner agrees that it will do all things necessary to preserve and keep in full force and effect its existence, rights, and privileges and that it shall comply with all regulations, rules, ordinances, statutes, court and administrative orders, and any other governmental or quasi-governmental actions or orders applicable to Account Owner and its business activities. An authorized officer, trustee, or agent of the Account Owner shall notify First Tech in writing of any change to Account Owner's name (including any assumed business name), state of organization, or principal address or any aspect of the entity affecting the deposit relationship between the Account Owner and First Tech before any such change occurs within 30 days of any such change.
- 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/Sheet, 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. 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.

TIN Certification and Backup Withholding Information

By signing below, I certify under penalty of perjury that: (i) the Taxpayer Identification Number (TIN)/Social Security Number (SSN) shown is the correct identification number and (ii) the account owner is NOT, unless designated below, subject to backup withholding because (a) they are exempt, or (b) have not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of a failure to report all dividends or interest, or because (c) the IRS has notified the account owner that they are no longer subject to backup withholding. The IRS does not require your consent to any provision of the Application other than the certifications required to avoid backup withholding.

- ☐ Account Owner is subject to backup withholding
- ☐ Account Owner is a Non-Resident Alien (complete W-8BEN form)
- ☐ Neither option is applicable (N/A)
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Certification of Beneficial Owner(s)

First Tech is required to obtain the following information to comply with USA PATRIOT Act, OFAC requirements, and help the government fight terrorism funding and money laundering activities. Please note that we may require information on additional owners or officers of the business entity to confirm that the business entity qualifies for membership at First Tech, separate from our obligations to comply with the laws referenced above.

- ☐ Check if certification is not applicable because entity is a sole proprietorship or unincorporated association.
- ☐ By checking this box I authorize First Tech to obtain and verify beneficial ownership information with respect to the business entity directly from FinCEN, to the extent such information is available.

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 and Title in Organization	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance ⁴

⁴ In lieu of a passport number, foreign persons may also provide any other acceptable identification.

Provide the following information for **each** individual⁴, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns or controls 25% or more of the equity interests of the Legal Entity or has a controlling interest:

- ☐ Check if not applicable because no individual owns 25% or more or because entity is a non-profit organization.

	Name and Title in Organization	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance ⁴	% 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.).

Authorized Signer’s Representations and Agreement

I/We promise that all information stated in this application is true, complete, and accurate to the best of my/our knowledge and promise to notify First Tech immediately in writing if there are important changes. I/We certify that I/we have the authority to act on behalf of the Account Owner. I/We agree to conform to all applicable terms and conditions set forth in the Membership and Account Agreement and the applicable Checking & Savings, Certificate, and Business Account Rate sheets and Fees Schedule, receipt of all of which is hereby acknowledged and are incorporated by this reference, as amended from time to time. I/We request account access through the following services ATM, Point-of-Sale, debit card, bill payment, and/or telephone banking. If I/we qualify, you shall provide a disclosure of terms and conditions for use of such services. My/Our use of any access device will signify my/our acceptance of the device and the terms and conditions of its usage.

I/We authorize First Tech to obtain credit bureau reports for evaluating this application and in the future for reviewing credit limits, renewals, servicing, and collection purposes, and for other legitimate purposes associated with my/our account. Upon my/our request, you will inform me/us if a consumer report was requested, and if it was, provide me/us with the name and address of the consumer reporting agency that furnished the report.

I/We also authorize First Tech to verify employment, income, address, and all other information provided with credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality I/we may have in that information under applicable law.

By signing below, I/we agree that I/we have received all disclosures contained in this Business Account Application, and all information I/we have provided is correct and complete to the best of my/our knowledge.

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

INTERNAL USE ONLY	Notes: _____					

	Business/Org Owner's Personal Member Numbers (list ALL owner's member numbers):					

	<input type="checkbox"/> OFAC verified on Business Entity and Signers					Business Entity Member Number: _____
	<input type="checkbox"/> State/Municipal registration verified					<input type="checkbox"/> Verified business existence and active status through applicable secretary of state website
	_____	_____	_____	_____	_____	_____
	Branch Representative Name (PRINT)	Initials	Date	Branch Manager or Designee Name (PRINT)	Initials	Date