

Member/Org Number

Account Number



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
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Business Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

Business Savings Business Checking Business Interest Checking Plus Business IOLTA/IOTA Business Certificate

DRAW ACCOUNT AUTHORIZATION/REQUEST

- You request overdraft protection on your checking account with us. Your overdrafts will be covered by transferring funds from your business loan and/or other business deposit account(s) identified below and in the order specified, provided you have enough available funds. You hold us harmless from any and all liability which might otherwise exist if a transfer does not occur.
You elect not to participate in overdraft protection with a draw account.

Table with 2 columns: Priority, Source Account Type - Account Number. Rows 1-4.

AUTHORIZATION FOR BUSINESS SIGNERS

Each Business Signer below has the right to individually transact business on this account. On behalf of the Account Owner, the undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein.

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

This form supersedes, takes precedence over and replaces any such form that preceded it.

Table for business signers with columns: FIRST NAME, LAST NAME, SOCIAL SECURITY NUMBER, BIRTH DATE, SIGNATURE, DATE. Multiple rows for signers.

AUTHORIZATION FOR BUSINESS AUTHORIZED SIGNERS

Each Business Authorized Signer(s) listed below has the right to individually transact business on this account and may be removed at any time without notice by any Business Signer.

The undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

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

This form supersedes, takes precedence over and replaces any such form that preceded it.

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
SIGNATURE			DATE
SIGNATURE			DATE
SIGNATURE			DATE
SIGNATURE			DATE

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____