



# BUSINESS ACCOUNT CARD

221 NW Second Avenue  
Suite 100  
Portland, OR 97209

tel: 503.220.2592  
fax: 503.228.6770  
www.trailheadcu.org

### Basis for Membership Eligibility (check one)

- Live  Work  Worship  Attend School in Multnomah County: (address) \_\_\_\_\_
- Current Member  Relative of current member: Relative name \_\_\_\_\_ Relationship \_\_\_\_\_

### Business Information

Business Legal Name \_\_\_\_\_

Responsible Party \_\_\_\_\_ Employer Identification # or Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Type of Entity

- Sole Proprietor
- Partnership
- Corporation
- Nonprofit

#### Limited Liability Company:

- Corporation
- Partnership
- Disregarded Entity

#### Account and Services

- Business Savings  Online Banking
- Business Checking  Visa Debit Card
- Money Market
- Certificate

### TIN Certification and Backup Withholding Information

By signing this card, I certify, under the penalties of perjury, that (1) I am a US Person (including a US resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number, and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

#### Check only one if it applies to you:

- I am subject to backup withholding  I am not a US citizen or US person (complete W-8BEN)  Exempt Payee Code: \_\_\_\_\_

### Authorization

By signing below, I/we authorize the credit union to obtain a credit report to verify my/our eligibility for the accounts and services requested and each of the signers certifies and agrees that the terms of this Account Card apply to the Account Owner listed above. By signing below, I/we agree to the terms and conditions of the Business Membership and Account Agreement, Funds Availability Policy, Rate and Fee Schedule, and Business Electronic Funds Transfer Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

**ALL SIGNERS CERTIFY THAT THIS BUSINESS DOES NOT OPERATE AS AN INTERNET CASINO OR ENGAGE IN INTERNET GAMBLING.**

Authorized Individual Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_

Authorized Individual Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_

Account #: \_\_\_\_\_

## Additional Authorized Signers

<b>Authorized Individual</b> Full Name _____	Social Security # _____	Birth Date _____	
Address _____	City _____	State _____	Zip _____
Phone _____	Email _____		
Position _____	Signature _____		

<b>Authorized Individual</b> Full Name _____	Social Security # _____	Birth Date _____	
Address _____	City _____	State _____	Zip _____
Phone _____	Email _____		
Position _____	Signature _____		

## Resolution of Authority

1. **RESPONSIBLE PARTY.** The Responsible Party name shown above is the complete and correct name of the Responsible Party. If applicable, all registered assumed names under which the Responsible Party does business are shown on the front side. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Responsible Party has been duly formed and currently exists.
2. **AUTHORIZED PARTIES.** The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Responsible Party. Each Signer agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of a Signer's authority at any time.
3. **AUTHORITY.**
  - a. Each Authorized Party listed above (Signer) certifies and agrees that the Responsible Party's accounts and services will be governed by the terms set forth in the Membership and Business Account Agreement and Business Account Card, and Fee Schedule, as amended from time to time.
  - b. The Credit Union 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 Responsible Party's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Responsible Party for deposit with or collection by the Credit Union 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 the Credit Union 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 Responsible Party will notify the Credit Union of any change in the Responsible Party's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Responsible Party and the Credit Union before any such change occurs. The Credit Union 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 the Credit Union has actual notice of wrongdoing.
  - d. Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, 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 the Credit Union 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 Responsible Party will notify the Credit Union of any change in the Responsible Party's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Responsible Party and the Credit Union before any such change occurs. The Credit Union 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 the Credit Union has actual notice of wrongdoing.
4. **LIABILITY.** The Responsible Party agrees that the Credit Union shall not be liable for any losses due to the Responsible Party's failure to notify the Credit Union of such changes. Responsible Party and each Signer agree to indemnify and hold Credit Union 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 Credit Union relies prior to notice of any account change or change of Responsible Party.

*NOTE: 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. 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 will also ask to see your driver's license and other identifying documents.*

<b>Credit Union Use Only</b>			
<input type="checkbox"/> New Account	<input type="checkbox"/> Reopened Account	<input type="checkbox"/> Change	
Account # _____	Member Group # _____	Verification _____	
Date Opened _____	Opened By _____	ID Type _____	
Chex Systems _____	OFAC _____	ID Type _____	
Date of Change _____	Reason for Change _____	Changed By _____	