



**WRIGHT-PATT CREDIT UNION, INC.**  
**BUSINESS ACCOUNT AUTHORIZATION CARD**

**OWNERSHIP OF ACCOUNT:**  Sole Proprietorship  Corporation-for profit  Corporation-not for profit  
 Limited Liability Co.  Partnership  Association Club  Nonprofit Organization  Other \_\_\_\_\_

Account Owner: \_\_\_\_\_ Account No.: \_\_\_\_\_  
(Name of Business/Entity) Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_ Taxpayer Identification No.: \_\_\_\_\_  
(for sole proprietorships with no TIN enter Social Security No.)

Entity E-Mail Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Entity Telephone No.: \_\_\_\_\_  
(for clubs, Associations and Sole Proprietorships)

Home E-Mail Address: \_\_\_\_\_

Previous Financial Institution: \_\_\_\_\_

THIS BUSINESS QUALIFIES FOR MEMBERSHIP BECAUSE: \_\_\_\_\_

**TYPE OF ACCOUNT:**  Share/Savings  Share Draft/Checking:  
 Business Basic  Business Plus  Business Premium  
 Share Certificate  Money Market  Other \_\_\_\_\_

**ACCOUNT SERVICES:**  Payroll Deposit/Direct Deposit  Overdraft protection  
 Debit Card  Other \_\_\_\_\_  Other \_\_\_\_\_

Wright-Patt Credit Union (the "Credit Union") is authorized to recognize any of the signatures subscribed below for the transaction of any business for this Account in connection with funds belonging to the Business/entity to whom this Account is titled (the Business"). It is agreed that all transactions on this Account shall be subject to, and each of the undersigned agree to abide by, the terms and conditions set forth in the Credit Union Code of Regulations, Membership and Account Agreement, General Fee Schedule, Rate Sheet, terms and conditions applicable to the accounts and services requested, and to any amendment the Credit Union makes from time to time, all of which are incorporated herein. The undersigned acknowledge receipt of copies of all of the above. It is further agreed that the Credit Union may conclusively assume that the authority of each signer shall continue as such until receipt by the Credit Union of written notice to the contrary, consistent with the authority designed by the Resolution of Authority. Until such notice is actually received, the authority conferred herein shall remain in full force and effect and the Credit Union shall be indemnified and saved harmless from any loss suffered or liability, including reasonable attorney fees, incurred by it in continuing to act in pursuance of this signature card. The undersigned certify that their signatures are the true and genuine signatures of authorized signers with their respective title, authorized to sign for the Business.

**AUTHORIZED SIGNERS:**

<u>Signer's Name (please Print)</u>	<u>Title (if any)</u>	<u>Signature</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

**NUMBER OF SIGNATURES REQUIRED FOR WITHDRAWAL:** \_\_\_\_\_

**FACSIMILE SIGNATURES:** The signatures on line(s) \_\_\_\_\_ represent an authorized facsimile signature.

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**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

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Under the penalties of perjury, I certify that: (1) The number shown on this form is the current taxpayer identification number of the named Business; and (2) the Business is not subject to backup withholding because: (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service ("IRS") that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Business that it is no longer subject to backup withholding; and (3) I am a U.S. Person (including a U.S. resident alien).

The undersigned must cross out item (2) above if the Business has been notified by the IRS that it is currently subject to backup withholding because of underreporting interest or dividends on its tax return.

If you are a foreign person/sole proprietor, cross out above certification section and do not sign below. Complete the appropriate form W-8.

Taxpayer Identification Number: \_\_\_\_\_  
(If sole proprietorship with no TIN number, enter Social Security No.)

IN WITNESS WHEREOF, I have set my hand at:

\_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Print Name Signature Title

**WRIGHT-PATT CREDIT UNION**  
**NEW ACCOUNT DOCUMENTATION REQUIREMENTS**

Additional documentation is required to open your business account.

**Sole Proprietorship:**

(Provide one or more of the following documents.)

- State of Ohio Certificate
- Business License
- Vendors License
- Contractors' License
- Business Tax Certificate
- City Tax Certificate
- Documentation of the Ohio Sales Tax Number for the Business
- Picture ID

**Limited Liability Company:**

- Articles of Organization
- Certificate of Good Standing issued by the Secretary of State
- Operating Agreement
- TIN/EIN
- Picture ID of ALL authorized Signers

**Corporation:**

- Articles of Incorporation
- Certificate of Good Standing issued by the Secretary of State
- Bylaws or Code of Regulations
- TIN/EIN
- Picture ID of ALL authorized Signers

**Not-for-Profit/Organization/Association:**

- Bylaws, Charter, Constitutions, or similar documents outlining the purpose of the organization and specifying which officers are authorized to sign for the organization/association.
- TIN/EIN
- Picture ID of ALL authorized Signers

**General Partnerships:**

- Assumed Name Certificate issued by the Secretary of State
- Written Partnership Agreement
- TIN/EIN
- Picture ID of ALL authorized Signers

**Limited Partnerships:**

- Certificate of Limited Partnership issued by the Secretary of State
- Written Partnership Agreement
- TIN/EIN
- Picture ID of ALL authorized Signers