

Thank you for your interest in a BCU business account.

***What is in this business account packet?***

- **Business Deposit Brochure** – a) Explains the benefits of our various business accounts plus gives you the eligibility requirements (must be 51% owner of the Business) for a BCU Business Account. b) Balance minimums always need to be kept in the account or the monthly fee will be charged at the end of that month.
- **Business Account Checklist** – A helpful guide to get you started
- **New Business Account Opening Documentation Addendum** – must be filled out in its entirety
- **Business Member Service Application** – Please see top of application for instructions \*Don't forget to sign the bottom of the application
- **Certification of Control of Your Non-Profit** – Please see top of form for information on what this form is and instructions on how to fill it out.
- **Please review the Business Account checklist for additional Business documents needed to open the business account.**
- **Wire Transfer Agreement form** – This form must be filled out and signed for BCU to process a wire request on a business account.

***What can a BCU business account not do?***

- BCU Business Accounts are not able to process External ACH/Electronic Transfer out of the BCU business account.
- We do not offer payroll processing; you do have the option to use the BCU Bill Pay service.

***Other info I need to know to make opening my business account run smooth?***

- If you are an existing BCU member either on the personal or business side, those accounts will need to have no negative history for 6 months in order to be eligible for a business account.
- When the business account is opened, all personal and other business accounts will need to remain in good standings in order to keep the business account open.
- We pull credit when opening business accounts so please let us know if your credit report is frozen. If it is frozen, we ask that you lift the freeze on Experian for 4 business days so that we can pull credit.

***Information continued next page...***

***How long until my business account is opened?***

- After all complete paperwork is received, we will review and either contact you for more information via email or the account will be opened at the end of the 3rd business day and you will get a secure email to the business email address with the business account number.

***Where do I send my business account paperwork to for account opening?***

- Forward all documents to BCU by either emailing them to **[Business.Services@BCU.org](mailto:Business.Services@BCU.org)**, faxing them to **847-932-8053**, or uploading them to your personal online banking via secure Message Center.

Any questions please call Member Relations at 800-388-7000.

Thank you, BCU Business Services Team.

FEDERALLY INSURED BY NCUA

Connect with us





# BUSINESS DEPOSITS

## Consider Us Your Business Partner

Whether your business is new or established, we'll help you determine your business' financial needs and assist you in selecting the account options to help your business thrive.

### Business Checking Accounts

With a Standard or Premier Checking account, get quick access to your funds with best-in-class deposit terms. Choose the account that's right for your business:

| Account Type                                   | Standard | Premier    |
|--|----------|------------|
| Minimum balance                                | \$500    | \$5,000    |
| Charge if below balance                        | \$5      | \$10       |
| # of FREE check withdrawals (per month)        | 100      | 200        |
| Charge per additional check withdrawals        | \$0.15   | \$0.10     |
| # of FREE checks deposited (per month)         | 100      | 200        |
| Charge per additional checks deposited         | \$0.15   | \$0.10     |
| <b>Dividend Rate</b>                           |          |            |
| Balance below \$5,000                          | none     | none       |
| Balance over \$5,000                           | none     | 0.50% APY* |
| <b>Coin and Currency Processing</b>            |          |            |
| 5 FREE (per month)                             |          |            |
| Fee for each order over 5                      | \$5      | \$5        |
| 10 FREE deposits, loose or bundled (per month) |          |            |
| Fee for each deposit over 10                   | \$2      | \$2        |

### Business Certificate of Deposit

Maximize your earnings with a certificate of deposit. With just \$500, you can open a fixed-rate certificate with very competitive rates, and terms ranging from 90 days to 60 months.

### Business Money Market Account

Use a money market account to achieve your short to medium range savings goals. With our tiered rates, you can enjoy increased earning capacity while your money is completely accessible and federally insured up to \$250,000.

### Additional Accounts & Services Available

- Business Loans
- Business Visa® Credit Cards
- Online Banking & Bill Pay
- Mobile Banking
- Deposit Anywhere
- Merchant Bank Card Services

### Business Membership Qualifications

Business must be located in the Community Charter area or 51% of the business owners must be eligible for membership. Opening a regular share account is required for membership.

Visa® is a registered trademark of Visa.

\*Dividend rate and Annual Percentage Yield (APY) may change at any time. \$5,000 minimum required to earn dividends. See Business Account Agreement, Disclosures and Fee Schedule for additional terms and conditions.

Visit [BCU.org/Business-Banking](http://BCU.org/Business-Banking) to learn more.





340 N. Milwaukee Avenue  
Vernon Hills, IL 60061

Fax: 847-932-8053  
BusinessAccount@bcu.org

## Business Account Checklist

**All Business Accounts must be opened with the proper documentation. The business member must complete and submit the following documents:**

- Member Business Services Application
- New Business Account Addendum
- Copy of Government issued Photo ID
- Certification of Ownership & Control of Your Business

**Depending on how your business is organized, we need the following supporting documents:**

### **Sole Proprietor/DBA (Doing Business As)**

- Social Security number (SSN) owner OR Taxpayer Identification Number. If applicable, Tax ID letter from IRS or first page of Business Tax Return
- Copy of filed Assumed Name Certificate (Trade Name Affidavit) or Business License

***The following is a list of links where the appropriate forms can be found:***

[Illinois Secretary of State Business Website](#)      [DuPage County Website](#)  
[Cook County Clerk's Office Website](#)      [McHenry County Website](#)  
[Lake County Website](#)

### **Partnership or Limited Partnership**

- Tax ID letter from IRS or first page of Business Tax Return (if applicable)
- Copy of Partnership Agreement
- Copy of Business License

### **Corporation or Professional Corporation**

- Tax ID letter from IRS or first page of Business Tax Return (if applicable)
- Copy of Articles of Incorporation
- Copy of By Laws (if applicable)

### **Limited Liability Company/Partnership (LLC) (LPA) (LLP) (LLLLP)**

- Tax ID letter from IRS or first page of Business Tax Return (if applicable)
- Copy of Articles of Organization/Partnership
- Copy of Operating Agreement (if applicable)

### **Non-Profit Association or Club**

- Tax ID letter from IRS or first page of Business Tax Return (if applicable) or SSN of authorized signer
- Copy of Articles of Organization and any Resolutions
- By-Laws or Meeting minutes stating the individuals or positions authorized to establish or conduct business on behalf of the club or organization, signed by the president or officers of the organization.



340 N. Milwaukee Avenue  
Vernon Hills, IL 60061

### New Business Account Opening Documentation Addendum

Business Name: \_\_\_\_\_

Business Member Number: (Office Use Only) \_\_\_\_\_

1. Nature of Business: *(Please explain in detail what products or services the business will be providing to its clients.)*

\_\_\_\_\_

2. How did you learn about BCU? \_\_\_\_\_

3. If your business has a website, please provide the address: \_\_\_\_\_

4. Year Business Was Opened: \_\_\_\_\_ Estimated Annual Gross Income: \_\_\_\_\_

5. Have you worked in this industry prior to opening this business? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Citizenship: Are you a citizen of the United States?  Yes  No Country: \_\_\_\_\_

7. What is the average balance you will typically keep in this account: \$ \_\_\_\_\_

8. Will funds be direct deposited into your business account?  Yes  No

9. Will checks deposited be from business or consumer customers?  Business  Consumer  Both

10. Will any of the following transactions **exceed \$2,000 per month**: If Yes, please estimate the amount per month of each

transaction, or provide a current Bank Statement. 

|  | Deposits | Withdrawals |
|--|----------|-------------|
|--|----------|-------------|

a. Cash or Currency for deposits/withdrawals:  Yes \$ \_\_\_\_\_ mo.  No  Yes \$ \_\_\_\_\_ mo.  No

b. Checks  Yes \$ \_\_\_\_\_ mo.  No  Yes \$ \_\_\_\_\_ mo.  No

c. Automatic Clearing House (ACH) – Electronic format for deposit or withdrawal of funds:  Yes \$ \_\_\_\_\_ mo.  No  Yes \$ \_\_\_\_\_ mo.  No

d. Wire Transfers:  Yes \$ \_\_\_\_\_ mo.  No  Yes \$ \_\_\_\_\_ mo.  No

e. Purchases of monetary instruments such as cashier's checks:  Yes \$ \_\_\_\_\_ mo.  No  Yes \$ \_\_\_\_\_ mo.  No

11. Will any wire transfers be international:  Yes  No

a. If Yes, indicate how many and the total amount:

Incoming # \_\_\_\_\_ \$ \_\_\_\_\_

Outgoing # \_\_\_\_\_ \$ \_\_\_\_\_

b. Please specify what countries will you be primarily sending to / receiving from?

\_\_\_\_\_

12. Will your business provide any financial services to your customers, such as, but not limited to check cashing, money transfer, currency dealing or exchange, prepaid stored value cards, money orders, travelers checks, loans, or brokerage services?

Yes  No

13. Are any of the owners listed Non-Resident Aliens (NRAs) or persons who have completed IRS form W-8BEN - Certificate of Foreign Status for Beneficial Owner for United States Tax Withholding.  Yes  No

a. If Yes, please list owner's/s' names(s): \_\_\_\_\_

14. Is your business engaged in these activities:

a. Internet gambling  Yes  No

b. Marijuana related activities  Yes  No

c. Virtual Currency  Yes  No

d. Firearms  Yes  No

e. Private ATM Owner  Yes  No

# SPECIALTY BUSINESS DESIGNATION – Ver.1

**Business Name:** \_\_\_\_\_

The following are various types of specialty businesses. If yes is selected, please circle all that apply to your business.

**Cash Intensive Business:** (Examples below - at least 50% of business revenue is in cash)

- Restaurants/Food Trucks
- Convenience stores/Gas Stations
- Retail stores
- Parking Garages
- Coin laundry
- Vending machines
- Car Washes
- Video Game Operators (Arcades)
- Grocery Stores
- Liquor Stores

Yes  No

- Construction
- Tobacco Distributors
- Bars or Night Clubs
- Adult Entertainment
- Other: \_\_\_\_\_

**Marijuana/Cannabis Related Businesses**

- Is the business engaged in activity directly or indirectly with the cannabis/marijuana industry? (Examples: Direct Sales, Leasing to a cannabis business, consulting for cannabis companies)

Yes  No

**Professional Service Providers**

- Doctors, Dentists or other Medical Professionals
- Lawyers
- Accountants/CPA's/Tax prep
- Realtors/Real Estate or Property Management Companies
- Investment Brokers

Yes  No

- Consulting for any industries in this category
- Payroll Services

**International Business Activities**

- Offshore Companies
- Businesses owned by Offshore Companies
- Embassy or Foreign Consulate Accounts
- Import/Export Businesses

Yes  No

- International Business Corporations

**Non-Government Organizations/Agencies**

- Charities
- Social Advocacy
- Environmental
- Family Assistance
- Clubs, Troops, Sports Teams
- Other Non-Profits
- Homeowners Associations

Yes  No

- Consulting for any industries in this category
- Religious/Churches

**Non-Bank Financial Institutions**

- Casino or Card Clubs
- Internet Gambling
- FinTECH/Other Financial Service companies
- Insurance
- Pawn Shops
- Travel Agencies
- Money Service Business Activities: Issuer or Seller of Traveler's checks, Money Orders, Money Transmitter on behalf of clients (Western Union, Money Gram. Etc.)
- Loan Companies
- Brokers/Dealers of Securities
- Virtual Currency Exchangers or Administrators
- Vehicle Dealerships
- Precious Metal/Gem Dealers

Yes  No

- Private Investment Companies
- Art Dealers or Brokers and Auction Houses
- Consulting for any industries in this category

**Third Party Payment Processor**

- Operators of Credit Card Systems
- Merchant Processors
- Online Payment Providers

Yes  No

**Other Specialty Business categories**

- Firearms Dealers
- Owners of Private ATM's
- Business Consultants
- Trucking/Transportation/Logistics
- Childcare Services
- Home Healthcare Services
- Auto Repair or Auto Parts Stores
- Taxi/Limousine Services
- Personal Care Services (Nail Salons, Hair Salons, Massage Parlors, Elderly Care)

Yes  No

- Other Personal Services (i.e. Personal Trainers, Dry Cleaning, Animal Care, Death Care, Wedding Planning)

# Business Member Service Application

BCU

340 N. Milwaukee Ave., Vernon Hills, IL 60061  
Toll Free: 800-388-7000

In order to start your account(s) and services for your business or organization at BCU, please complete this form according to the steps that follow. First, complete the information about your business or organization in **SECTION 1**. Complete the representative/owner information in **SECTION 2**. Complete the signer information in **SECTION 3**. Select the account(s) you want in **SECTION 4**. Select the services you'd like in **SECTION 5**. Read the Proxy Statement in **SECTION 6** and check the box if you agree. Please read **SECTION 7** and **SECTION 8**. Sign your name(s) in **SECTION 8**, and return this form to us with a copy of all representative's/owner's driver's licenses and the required documentation for your business or organization to join and open accounts.

## SECTION 1 INFORMATION about the BUSINESS or ORGANIZATION

|  |      |       |     |                                  |   |            |
|--|------|-------|-----|----------------------------------|---|------------|
| Name of Business or Organization   |      |       |     | Phone 1                          | Phone 2/Fax                                 | NAICS Code |
| Address  | City | State | ZIP | Taxpayer ID Number               | E-mail                                      |            |
| Mailing Address (if different from Address)  | City | State | ZIP | Type of Business or Organization | Registration/License Number (If Applicable) |            |
| <b>Eligibility: Check One</b> <input type="checkbox"/> Current Member - Account No. _____ <input type="checkbox"/> SEG Employee <input type="checkbox"/> Community Charter |      |       |     |                                  |   |            |
|  |      |       |     |                                  | Today's Date                                |            |

## SECTION 2 REPRESENTATIVE(S)/OWNER(S) INFORMATION (May start, conduct transactions on, maintain, change, add and terminate an account, product or service for the business/org.)

|  |            |                        |               |                       |                   |     |
|--|------------|------------------------|---------------|-----------------------|-------------------|-----|
| Representative/Owner 1 Name                            |            | Title                  | Address       | City                  | State             | ZIP |
| Home Phone   | Cell Phone | Social Security Number | Date of Birth | E-mail Address        |                   |     |
| Driver's License - State, Number & Issue and Exp. Date |            | Employer/Retired From  | Work Phone    | Occupation/Profession | Account Code Word |     |
| Representative/Owner 2 Name                            |            | Title                  | Address       | City                  | State             | ZIP |
| Home Phone   | Cell Phone | Social Security Number | Date of Birth | E-mail Address        |                   |     |
| Driver's License - State, Number & Issue and Exp. Date |            | Employer/Retired From  | Work Phone    | Occupation/Profession | Account Code Word |     |

## SECTION 3 SIGNER INFORMATION (A signer may conduct transactions on behalf of the business or organization.)

|  |            |                        |               |                       |                   |     |
|--|------------|------------------------|---------------|-----------------------|-------------------|-----|
| Signer Name  |            | Title                  | Address       | City                  | State             | ZIP |
| Home Phone   | Cell Phone | Social Security Number | Date of Birth | E-mail Address        |                   |     |
| Driver's License - State, Number & Issue and Exp. Date |            | Employer/Retired From  | Work Phone    | Occupation/Profession | Account Code Word |     |

## SECTION 4 ACCOUNT(S) Savings - \$5.00 required Standard Checking Premier Checking

## SECTION 5 SERVICE(S) Debit Card Checks

## SECTION 6 PROXY STATEMENT FOR VOTING

I do hereby appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is exercised, to cast all votes to which the member is entitled to cast at Credit Union annual and special meetings, for the election of directors and all other matters as permitted by law and that do not exceed the limitations in the Illinois Credit Union Act. This proxy will automatically renew unless and until the member either revokes it, or attends the meetings to vote in person.

## SECTION 7 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/ Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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.

I am subject to backup withholding  Exempt (Exempt Payee Code \_\_\_\_\_)  I am not a United States citizen or resident (complete W-8 form)

**SECTION 8 ACKNOWLEDGMENT:** The business or organization is or applies to be a member of BCU ("we", "us" & "our") according to our Business Member Service Agreement (BMSA). The business or organization and authorized person(s) ("you" & "your") request the accounts, products and services selected on this Business Member Service Application form, and acknowledge receiving or being offered the Business Member Service Agreement (BMSA), which includes the Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee disclosures. The BMSA has been emailed to the business address in Section 1 of this form. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Business Member Service Application form has been completed according to your instructions. You understand the BMSA governs your membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on this Business Member Service Application form and the BMSA and have no obligation to rely on any other documents. We may change the BMSA, and you may make changes and additions to your Business Member Service Application form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of this Business Member Service Application form from us during business hours and the BMSA from our website your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.

**1. Authority of an Authorized Person of the Account Owner.** You agree that each authorized person (a "representative") named in this Business Member Service Application form is authorized to act on behalf of you for your accounts, products and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in the BMSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for your membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the business or organization is the owner of the account(s), product(s) and service(s), and that the name provided is the complete and correct name of the owner of the account(s), product(s) and service(s). Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

**2. Certificate of Authority & Liability.** You understand and agree that the authority given to an authorized person named on this Business Member Service Application form and addressed in the BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business or organization that affects the BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business, and agree to notify us before engaging in any such business in future. You and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Business Member Service Application form to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Business Member Service Application form, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BMSA. *The IRS does not require your consent to any provision of the BMSA other than the certification required to avoid backup withholding (in Section 7 above).*

Representative 1 Signature \_\_\_\_\_ Representative 2 Signature \_\_\_\_\_ Signer Signature \_\_\_\_\_

**Purpose of this Certification of the Control Person of the Non-Profit Organization**

To provide your non-profit organization and you with excellent service, assist the non-profit organization with products and services, and fulfill our due diligence responsibilities under the law, we need to obtain information about the person who has significant management responsibility (control) over the non-profit organization (the control person). The non-profit organizations we need this certification for include non-profit corporations and similar entities that have filed their organizational documents with the appropriate State authority as required. This important information assists us in managing the products and services for the non-profit organization and provides us with the contact information for the key person who controls the non-profit organization in the event we need to contact her or him about any matter pertaining to the products and services the non-profit organization has with us. Thank you again for being a member of our credit union. We look forward to serving you!

**Instructions to Complete this Certification of the Control Person of the Non-Profit Organization**

**Step 1:** In **SECTION 1** please provide the name of the non-profit organization and check the appropriate box that applies to the action you are taking on behalf of the non-profit organization (i.e., to a. join our credit union and start products and services, b. make a change to a product or service, c. add a new product or service, or d. notify us of a change to the control person of the non-profit organization. **Step 2:** In **SECTION 2** please identify and complete the requested information about the person who has significant management responsibility (control) over the non-profit organization, who we refer to as the, “control person.” **Step 3:** In **SECTION 3** please read the short certification language, print your name and title, and sign your name and date on the line below. We thank you for your help in providing this important information!

**SECTION 1 NAME & ACTION YOU ARE TAKING ON BEHALF OF THE NON-PROFIT ORGANIZATION** 1

Name of the Non-Profit Corporation or Similar Entity \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> a. Joining the credit union and starting products & services | <input type="checkbox"/> c. Adding a new product or service                |
| <input type="checkbox"/> b. Changing a product or service                             | <input type="checkbox"/> d. Notifying us of a change to the control person |

**SECTION 2 INFORMATION ABOUT THE CONTROL PERSON FOR THE NON-PROFIT ORGANIZATION** 2

|                           |                              |                                  |
|---------------------------|------------------------------|----------------------------------|
| Control Person Name _____ |                              | Title/Position _____             |
| Date of Birth _____       | Social Security Number _____ | Mobile/Home Phone _____          |
| Address _____             | City _____                   | State _____ ZIP _____            |
| ID Type and State _____   | ID Number _____              | Issue Date _____ Exp. Date _____ |

**SECTION 3 CERTIFICATION OF THE CONTROL PERSON INFORMATION FOR THE NON-PROFIT ORGANIZATION** 3

I certify that all information about the non-profit organization and the control person provided above is true, complete and accurate as of the date of my signature below. I agree to notify the Credit Union immediately of any change to this information about the control person.

|                                 |   |
|---------------------------------|---|
| _____<br>Please Print Your Name | _____<br>Please Print Your Title/Position |
| _____<br>Your Signature         | _____<br>Today's Date                     |

**Questions? Please contact us anytime we're open for business!**

|                                |  |   |
|--------------------------------|--|---|
| <b>OFFICE<br/>USE<br/>ONLY</b> |  | 4 |
|                                | CU Employee Name _____ ID # _____ Name of the Organization _____ Member# _____ Date Cert. Reviewed _____ |   |





340 N. Milwaukee Ave.  
Vernon Hills, IL 60061

## Business Account Wire Contract

From time to time you may desire to initiate a funds transfer from authorized accounts held at the Credit Union. These funds transfer request are called payment orders in this Agreement. This Agreement governs all payment orders you give us. Requests for payment orders must be requested prior to 3 pm CST in order to be processed the same day.

### BUSINESS IDENTITY INFORMATION

|                        |                       |
|------------------------|-----------------------|
| EIN Number: _____      | Member Number*: _____ |
| Member/Owner*: _____   | Phone (Day)*: _____   |
| Member/Owner: _____    | Phone (Day): _____    |
| Member/Owner: _____    | Phone (Day): _____    |
| Member/Owner: _____    | Phone (Day): _____    |
| Mailing Address: _____ | City/State/Zip: _____ |

\*Required Fields

### SECURITY MEASURES

The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.

- Password and one-time passcode or other commercially reasonable method of authentication to verify your identity.
- Call Back Procedure — When we receive your payment order request we may confirm the payment order by calling any of the contact persons authorized to transfer funds at the telephone number listed on the account.

\_\_\_\_\_  
Initials

### AGREEMENT

The funds Transfer Agreement (“Agreement”) governs the procedure and responsibilities concerning payment orders initiated by the Account Owner through the Credit Union named in this agreement.

**DEFINITIONS:** In this Agreement, the words, “you”, “us”, and “yours” mean the Account Owner that signs this Agreement. The words “we”, “us”, and “our” mean the Credit Union that signs this Agreement. The word “account” means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

**ACCOUNT OWNER LIABILITY:** You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedure chosen by you in this Agreement.

**CHANGES TO AGREEMENT:** The security procedures and other terms of the Agreement may be changed by amendment to this Agreement or by executing a new Agreement. The Agreement may not be changed by an oral agreement by a course of dealing or custom.

**SECURITY PROCEDURES:** WE will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other electronic funds transfers.

**UNIFORM COMMERCIAL CODE ARTICLE 4A:** Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of the Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the Credit Union is located.

**PAYMENT ORDERS:** This is not the document that authorizes a payment order or other electronic funds transfer. We may require you to complete a separate document at the time of each payment order.

**NOTICE:** Notice to Any Account Owner is considered to all Account Owners.

### SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

|                        |                       |           |       |
|------------------------|-----------------------|-----------|-------|
| _____                  | _____                 | X _____   | _____ |
| Business Owner (print) | Title (if applicable) | Signature | Date  |

|                                     |                       |           |       |
|-------------------------------------|-----------------------|-----------|-------|
| _____                               | _____                 | X _____   | _____ |
| Credit Union Representative (print) | Title (if applicable) | Signature | Date  |