

# Firefly Federal Credit Union

## BUSINESS ACCOUNT APPLICATION

Member Number (Office Use Only)

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 opening an account. When you open an account at Firefly Federal Credit Union, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

### Check all that apply:

- New Business Membership
- Add Authorized Signature
- Remove Authorized Signature
- New Business Checking (please check account option preferred)
  - Essential Business Checking
  - Bottom Line Business Checking
  - Capital Business Checking
  - Non-Profit Business Checking

### Check ownership:

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- Non-Profit Organization
- Other \_\_\_\_\_

### Check if interested in:

- Business Cash (line of credit) application
- Information about your business accepting credit cards

### Business Information:

Business name \_\_\_\_\_

Type of business conducting \_\_\_\_\_

Physical address \_\_\_\_\_ Years at address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

TIN/EIN \_\_\_\_\_ Years in business \_\_\_\_\_

### List all Officers, Partners or Members: (Attach paper for more signers)

Name	Title	% of Ownership

### Authorized Signer #1:

First name \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security #/Taxpayer ID # \_\_\_\_\_

Address \_\_\_\_\_ Years at current address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_ Cell Work \_\_\_\_\_

### Authorized Signer #2:

First name \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security #/Taxpayer ID # \_\_\_\_\_

Address \_\_\_\_\_ Years at current address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_ Cell Work \_\_\_\_\_

(Attach paper for more signers)

### Application Checklist:

- Completed Business Services Application
- Completed Resolution of Authority
- \$5 minimum deposit
- \$100 (additional) minimum deposit for checking account
- Driver's license or state ID copies for each authorized signer
- Certificate of Good Standing
- All required paperwork (see right)

#### Partnership:

- Partnership Agreement (GP only)
- Articles of Organization (LLP only)\*
- Certificate of Organization (LLP only)\*
- Statement of Qualification (LLP only)\*

#### DBA/Sole Proprietors:

- Certificate of assumed name with proof of publication (if applicable)\*

#### Limited Liability Company:

- Articles of Organization\* - Certificate of Organization\*

#### Corporation:

- Articles of Incorporation\* - Certificate of Incorporation\*

#### Non-Profit Organization:

- Articles & Certificate - Proof of 501(c)(3)\*\* status granted

\*Filed with Secretary of State \*\*Files with IRS

By signing below, I/We hereby certify that all information contained in this application is true and accurate to the best of my/our knowledge. By signing above, I/We agree to the terms and conditions of the Business Account Agreement, Business Services Deposit Rate and Business Services Fee Schedules if applicable, 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. I/We authorize verification of employment, credit history, and investigation of credit experience of all signers. All signers acknowledge that they will notify the credit union in writing of any change in status or ownership of the company establishing this or any account. All signers acknowledge that any changes to this account, including adding or removing signers, must be made in writing to the credit union on forms acceptable to the credit union. By signing below you certify that you are authorized and have full power to act on behalf of the company.

Authorized Signer Signature (Required) Title Date

Authorized Signer Signature (If Applicable) Title Date