



Viriva
Community Credit Union

157 York Road
Warminster, PA 18974
Phone: 1-888-7-VIRIVA
Web site: www.viriva.com



NEW UPDATE DATE: _____

Business Account Card

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

Suffix*

Suffix*

Share/Savings: _____

Money Market: _____

Share Draft/Checking: _____

Other: _____

Share Certificate/Certificate: _____

Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Overdraft Protection (Indicate transfer priority below.):

ATM Card: _____

Debit Card: _____

PC Access/Internet Banking

Other: _____

Audio Response

MEMBER/ACCOUNT OWNER INFORMATION

NAME MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES

Type of Entity

Corporation

Partnership

Unincorporated Organization

Limited Liability Company

General

Association/Club

Select Classification Code: D = Disregarded Entity

Limited

Other: _____

C = Corporation

Limited Liability

Sole Proprietorship

P = Partnership

ACCOUNT INFORMATION

STATE ORGANIZED EIN/TIN

BUSINESS LICENSE NUMBER ISSUANCE DATE EXPIRATION DATE STATE ISSUED

MAILING ADDRESS

PHYSICAL ADDRESS

BUSINESS PHONE OTHER PHONE WEB SITE ADDRESS/EMAIL

VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY) NATURE OF BUSINESS

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT POSITION SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S) STATE ISSUED ISSUANCE DATE EXPIRATION DATE

HOME ADDRESS

HOME PHONE CELL PHONE BUSINESS PHONE BIRTHDATE

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT POSITION SSN/TIN

DRIVER'S LICENSE/PERSONAL ID NO(S) STATE ISSUED ISSUANCE DATE EXPIRATION DATE

HOME ADDRESS

HOME PHONE CELL PHONE BUSINESS PHONE BIRTHDATE

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- (1) *The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued),*
- (2) *The Account Owner is not subject to backup withholding because: (a) It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and*
- (3) *The Account Owner has been organized in the U.S. and is a U.S. person.*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because it has failed to report all interest and dividends on tax return. Cross out item 3 and complete the appropriate W-8 form if Account Owner is not a U.S. person.

AUTHORIZATION

The signature of any one (1) authorized person as listed in the Authorization Designation is required to transact business; no other signatures will be required.

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, 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.*

X

SIGNATURE _____ DATE _____
TITLE: _____

X

SIGNATURE _____ DATE _____
TITLE: _____

X

SIGNATURE _____ DATE _____
TITLE: _____

X

SIGNATURE _____ DATE _____
TITLE: _____

FOR CREDIT UNION USE ONLY

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION
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ENTITY FORMATION DOCUMENTS REVIEWED BY _____

COPIES OBTAINED:

<input type="checkbox"/> CORPORATE RESOLUTION	<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS
<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> FINANCIAL STATEMENTS	<input type="checkbox"/> OTHER:

GOVERNMENT LIST(S) CHECKED: TREASURY CIP LIST OFAC OTHER: _____

LIST VERIFICATION COMPLETION DATE _____ BY _____