Business Account Card

☐ New  ☐ Update  Date: _____________

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 who opens an account.

What this means to you: When you open an account, we 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 documents.

MEMBER/ACCOUNT OWNER INFORMATION

Name: __________________________

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
☐ P = Partnership
☐ Sole Proprietorship

ACCOUNT INFORMATION

State Organized: __________________________  EIN/TIN: __________________________
Business License Number: __________________________  Issuance Date: _____________
State Issued: __________________________  Expiration Date: _____________
Mailing Address: __________________________  City/State/Zip: __________________________
Physical Address: __________________________  City/State/Zip: __________________________
Business Phone: __________________________  Other Phone: __________________________
Website: __________________________  E-mail: __________________________
Nature of Business: __________________________

Membership Eligibility:
Business is located in: (choose one)
☐ City of Charlottesville  ☐ Albemarle County  ☐ Culpeper County  ☐ Fauquier County
☐ Fluvanna County  ☐ Greene County  ☐ Louisa County  ☐ Madison County
☐ Nelson County  ☐ Orange County  ☐ Rappahannock County

ACCOUNT TYPE

☐ New Membership/Primary Share Savings Account

Share Draft/Checking: (choose all that apply)
☐ Business Economy Checking
☐ Business Plus Checking
☐ Business Analysis Checking

☐ Money Market  ☐ Share Certificate/Certificate  Initials _____________

UVA Community Credit Union • 3300 Berkmar Drive • Charlottesville VA 22901 • 434-864-2001 • 888-887-9136 • uvacreditunion.org

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### PRINCIPAL/CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN/TIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Business Phone:</td>
</tr>
<tr>
<td>Mobile Phone:</td>
<td></td>
</tr>
<tr>
<td>Driver’s Lic. No:</td>
<td>Issuance Date:</td>
</tr>
<tr>
<td>State Issued:</td>
<td>Expiration Date:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Position:</td>
</tr>
</tbody>
</table>

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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

- The number shown on this form is the Account Owner’s correct taxpayer identification number, 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

- The Account Owner has been organized in the U.S. and is a U.S. person.

Complete the appropriate W-8 form if Account Owner is not a U.S. person.

Initials:______

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AUTHORIZATION

One (1) signature of an authorized person is required to transact business.

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 addition 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: ____________________________

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 2____

Notary Public ______________________ Commission Expires __________

State of ________________ City/County of __________________________

(SEAL)

X
Signature
Date
Title: ____________________________

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 2____

Notary Public ______________________ Commission Expires __________

State of ________________ City/County of __________________________

(SEAL)

X
Signature
Date
Title: ____________________________

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 2____

Notary Public ______________________ Commission Expires __________

State of ________________ City/County of __________________________

(SEAL)

Please print additional pages if needed

FOR CREDIT UNION USE ONLY

Date of Membership: ____________ Opened/App’d by: ______________ Member Verification: ____________

☐ Credit Report  ☐ Check Verify  ☐ Debit Card  ☐ IB/C24 PIN  ☐ OFAC

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Business Account Card
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Complete this form for each Principal/Contact listed on the Business Account Card.

PRINCIPAL/CONTACT IDENTITY INFORMATION

Principal/Contact Name: _______________________________ Date of Birth: _____________________

Street Address: _____________________________________ City/State/Zip: ___________________

☐ Residence  ☐ Business

Nature of business (for business): ________________________________

GOVERNMENT ISSUED IDENTIFICATION NUMBER

☐ SSN/EIN: ________________________________

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

☐ Individual Taxpayer Identification Number: ________________________________

☐ Alien Identification Number: ________________________________

☐ Passport Number: ________________________________ Country: ________________________________

☐ Other Government Issued Document Number: ________________________________ Country: ________________________________

(With photograph or similar safeguard) Describe Document: ________________________________

NOTARY INFORMATION

I certify that the information provided above is my true and correct identity information.

X ________________________________ Date ________________________________

Principal/Contact Signature

Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.

Subscribed and sworn to before me this _______ day of ________, 2____

Notary Public ________________________________ Commission Expires ________________________________

State of ________________________________ City/County of ________________________________ (SEAL)

FOR CREDIT UNION USE ONLY

Date of Membership: _____________________ Opened/App’d by: __________________ Member Number: _____________________

Government Lists Checked:
☐ CIP  ☐ OFAC  ☐ Other: __________________ Checked by: __________________ Date: __________