



Business Account Application and Change of Account Form

Account Number

Account Ownership		Account Changes	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co (LLC)
		<input type="checkbox"/> Signer Change	<input type="checkbox"/> Signer Name Change
Account Information			
Business Name		Tax Identification Number	Date Established
Principle Place of Business Street Address		City	State and Zip
Mailing Address (if different)			Phone
Email Address		Nature of Business	
Authorized Representative's Information			
Authorized Representative's Name (First, Middle Initial, Last)		Title	
Street Address		City	State and Zip
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone
Authorized Representative's Name (First, Middle Initial, Last)		Title	
Street Address		City	State and Zip
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone
Authorized Representative's Name (First, Middle Initial, Last)		Title	
Street Address		City	State and Zip
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone
Certification of Taxpayer Identification – For Sole Proprietor Accounts Only			
<p>I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Tax Identification Number (TIN) shown is my correct identification number. I am indicating below that I am or I am not subject to backup withholding according to IRS regulations.</p> <p><input type="checkbox"/> I am <input type="checkbox"/> I am not Subject to Backup Withholding <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a Resident Alien <input type="checkbox"/> I am a Non-Resident Alien (complete form W-8 ben)</p> <p>The Internal Revenue Services does not require your consent to any provision of this document other than certifications required to avoid backup withholding.</p>			
Signatures			
<p>I/we hereby apply for membership with Educational Systems FCU and agree: a) to its bylaw, Federal Credit Union Act, NCUA Rules and Regulations and any amendment; b) to subscribe to share (savings) account agreements, adhering to balance requirements, which includes transferring funds between accounts to meet minimum balance requirements in each account; c) to all terms/agreements/fees pertaining to any account opened; that are adopted and amended by the Credit Union; d) that the Credit Union may use any credit reporting agencies or other sources to verify the information on this application, any other application I/we submit to the Credit Union, and other information regarding my credit history and account performance, for the purpose of the Credit Union extending credit, evaluating my/our creditworthiness, and other services. I/We understand these reports may be used in decisions to deny account applications, close accounts and/or restrict accounts or services. If requested, the Credit Union will tell me/us the name and address of any reporting agency from which it receives a credit report on me/us; and e) if joint owners or convenience persons are on this account, any sub accounts are also opened under this general account and it shall be presumed that such accounts are also intended as such. I/we further certify that I/we are eligible for membership with Educational Systems FCU. I/we understand the Credit Union has published a Business Membership and Account Agreement. Disclosures are available for review at esfcu.org/Disclosures. If applying for membership by mail or fax, I/we understand that these disclosures will be mailed to me/us within ten business days of receipt of this application. I/we further agree that if I/we use Educational Systems FCU's Online Service to enroll in Bill Pay, I/we are also fully responsible for all payments from my/our checking account. This agreement supersedes any previous account agreements.</p>			
Authorized Representative's Signature	Title	Date	
Authorized Representative's Signature	Title	Date	
Authorized Representative's Signature	Title	Date	
For Credit Union Use Only			
Date of New Account		Opened By	Teller Number
OFAC		Membership Officer/Quality Control	