



BUSINESS ACCOUNT APPLICATION

Subject to approval by the membership officer
Account subject to \$10.00 fee if closed within 90 days

Date Account #

New Account* Designation of new officers* Change of name*

*PROOF OF OWNERSHIP AND/OR AUTHORITY MANDATORY TO OPEN OR CHANGE AN ACCOUNT.

ACCOUNT INFORMATION

Name on Account
Street Address
Mailing Address
Phone Number Work Number Federal Tax I.D. Number

The USA PATRIOT ACT requires Deseret First Federal Credit Union to obtain information and/or documentation to verify your identity.

TYPE OF ORGANIZATION

Partnership (Partnership Agreement) L.L.C. (Certified Articles of Organization
Corporation (Certified Articles of Incorporation) Sole Proprietorship (Business License)
Corporation Non-Profit (Certified Articles of Incorporation) Association of Members (Clubs, Leagues, Troops, etc.)
Other

THE UNDERSIGNED DO CERTIFY THAT AT LEAST ONE OF THE EQUITY OWNERS OF THE BUSINESS/COMPANY HAS A PERSONAL MEMBERSHIP ACCOUNT WITH DESERET FIRST FEDERAL CREDIT UNION OR THE BUSINESS/COMPANY ITSELF IS LOCATED WITHIN THE CREDIT UNION'S FIELD OF MEMBERSHIP.

IRS REQUIREMENT

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified 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 withholdings. I am subject to backup withholding

I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, 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. If an ATM or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize the Credit Union to obtain a credit report from a credit reporting agency, to verify eligibility for the accounts and services requested. I/We certify that the information contained herein is true and correct. The Internal Revenue Service does not require you to consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

SAVINGS/SECURITY/CHECKING ACCOUNT SIGNATURE NUMBER OF SIGNATURES REQUIRED
All signers on savings are authorized as signers on all suffixes.
1. Signer (Please Print) Equity owner Yes No Signature ID Number
Social Security Number Date of Birth Address City State Zip
2. Signer (Please Print) Equity owner Yes No Signature ID Number
Social Security Number Date of Birth Address City State Zip
3. Signer (Please Print) Equity owner Yes No Signature ID Number
Social Security Number Date of Birth Address City State Zip
ADDITIONAL CHECKING ONLY SIGNATURES (Can only transact on checking)
1. Signer (Please Print) Social Security Number Signature ID Number
2. Signer (Please Print) Social Security Number Signature ID Number
3. Signer (Please Print) Social Security Number Signature ID Number

Branch Employee Initial

BUSINESS RESOLUTION

 Legal Name of Business and any properly filed assumed name or DBA (The "Business")

The individual(s) signing this Resolution hereby certify to Deseret First Credit Union ("DFFCU") that the Business is (check one):

- _____ **a sole proprietorship** owned entirely by the individual signing this Resolution
- _____ **a partnership** duly formed and validity existing
 - _____ **general partnership**
 - _____ **limited partnership**
 - _____ **limited liability partnership**
- _____ **a corporation** duly organized and in good standing under the laws of the state of _____, and that the individual signing this Resolution is its secretary and the keeper of the records and corporate seal, if any; or
- _____ **a limited liability company;**

that the following resolutions were adopted by the Business on _____ (date), that such resolutions are now in full force and effect, that all signatures appearing below are true and correct signatures of the respective individuals, and that each of the individuals named below presently hold the office set forth opposite that individual's name.

Depository and Withdrawal Authorization

RESOLVED that DFFCU be designated a depository in which the funds of the Business may be deposited and/or withdrawn by any of the persons listed below in the manner so designated, subject to the Credit Union's Rules and Regulations, both as currently constituted and amended. Each person so listed is authorized to endorse for collection, deposit, or negotiation of any and all checks, drafts, notes, bills, or exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at DFFCU, either belonging to or coming into the possession of the Business. Endorsements "for deposits" may be written or stamped. DFFCU may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated are authorized to sign any and all checks, drafts and orders drawn against any designated accounts of the Business (including savings accounts) at DFFCU. DFFCU is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name	Title (if any)	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signing Authorization

RESOLVED, that any of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at DFFCU and is further authorized to sign and implement for and in the name of behalf of the Business, as they, or any of them see fit, the terms of all agreements, instruments, drafts, certificates, or other documents relating to any depository accounts or other business of the Business, including, but not limited to, payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements, or safe deposit agreements.

Further Authorizations

FURTHER RESOLVED, that the secretary (if a corporation or unincorporated association), the sole proprietor/owner (if a sole proprietorship), any general partner (if a partnership), or any member (if a limited liability company) is authorized to certify to DFFCU the name, title, specimen signature or facsimile signature of any additions or deletions or persons authorized to carry out the purposes and intent of these resolutions, and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by DFFCU. If the authority contained in this resolution should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that DFFCU shall be indemnified and held harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned have hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this ____ day of _____.

For a sole proprietorship:

For a corporation or unincorporated association or organization:

 Owner / Sole Proprietorship

 President

 Secretary

For a partnership (all general partners must sign)

For a limited liability company (all members must sign):

 Partner / member

 Partner / member

 Partner / member

 Partner / member

 Partner / member

 Partner / member