



BUSINESS MEMBERSHIP APPLICATION & AGREEMENT

MEMBERSHIP NUMBER: _____

BUSINESS NAME		BUSINESS TAX ID #	
BUSINESS TYPE <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Qualifying Community Organization <input type="checkbox"/> Unincorporated Association			
STREET ADDRESS			BUSINESS PHONE
CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			

AUTHORIZED SIGNERS

The signature of one of the individuals listed below is sufficient to conduct business on this account. Redwood Credit Union (RCU) cannot honor multiple signature requirements. Taxpayer ID numbers of authorized signers requested for identification purposes only.

AUTHORIZED SIGNER INFORMATION			
FIRST NAME		MIDDLE INITIAL	LAST NAME
SIGNATURE		SOCIAL SECURITY NUMBER	DATE OF BIRTH
RESIDENCE STREET ADDRESS		MOTHER'S MAIDEN NAME	
CITY		STATE	ZIP CODE
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER)		ID TYPE: (I.E., DRIVERS LICENSE, MILITARY ID)	EXPIRATION DATE
FIRST NAME		MIDDLE INITIAL	LAST NAME
SIGNATURE		SOCIAL SECURITY NUMBER	DATE OF BIRTH
RESIDENCE STREET ADDRESS		MOTHER'S MAIDEN NAME	
CITY		STATE	ZIP CODE
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER)		ID TYPE: (I.E., DRIVERS LICENSE, MILITARY ID)	EXPIRATION DATE
FIRST NAME		MIDDLE INITIAL	LAST NAME
SIGNATURE		SOCIAL SECURITY NUMBER	DATE OF BIRTH
RESIDENCE STREET ADDRESS		MOTHER'S MAIDEN NAME	
CITY		STATE	ZIP CODE
IDENTIFICATION NUMBER (I.E., DRIVERS LICENSE NUMBER)		ID TYPE: (I.E., DRIVERS LICENSE, MILITARY ID)	EXPIRATION DATE

For CU Use Only: <input type="checkbox"/> New Account <input type="checkbox"/> Update of existing account Date received: _____ User # _____ Initials: _____
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AGREEMENTS

Completion of this card (1) requests Redwood Credit Union (RCU) to open the account(s) indicated, (2) authorizes RCU to verify information on this card with third parties such as credit agencies, (3) authorizes RCU to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer, and (4) agrees that RCU may rely on signature authority indicated on this card until notified otherwise in writing. All accounts opened will be subject to state and federal law and RCU bylaws, policies and rules. By signing this card, account holder(s) acknowledge(s) receipt of and agree(s) to the terms, conditions, rates and charges established by RCU for the type of account being opened, as stated in the Membership Account Disclosures as amended from time to time. Account holder(s) certify that the accounts opened will not be used for personal, family or household purposes. Truth in Savings Disclosures are not required for business accounts.

Substitute W-9 Certification: By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, (b) has never been notified that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified that it is no longer subject to backup withholding. I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding. If this business is subject to backup withholding, check the following box . I understand the IRS does not require my consent to any term of any agreement with RCU except the certifications required to avoid backup withholding

Print Name Authorized Signature Date

CERTIFICATION BY SOLE PROPRIETORSHIP/PARTNERSHIP/LLC /LLP: To be completed by all applicable Businesses

By signing below, I/we certify (check one)

- I am the sole owner of the sole proprietorship requesting and depositing funds to this account.
- We are all partners of the general partnership requesting and depositing funds to this account, or the statement below the signature lines is checked.
- I/we am/are all of the managers/officers of the limited liability company (LLC) requesting and depositing funds to this account, or the statement below the signature lines is checked.
- I/we am/are all of the partners of the limited liability partnership (LLP) requesting and depositing funds to this account, or the statement below the signature lines is checked. This is not a fiduciary account (such as an attorney client trust account).

I/we certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/we agree on behalf of the named business entity to all terms stated on this card and separate account agreements provided to me/us.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Check here if this business entity's partnership or operating agreement allows less than all partners of general partnership or LLP, less than all managers or officers of a limited liability company to open financial institution accounts, and all such partners or managers or officers have signed this certification.

RESOLUTION BY CORPORATION/UNINCORPORATED ASSOCIATION:

To be completed if a separate resolution is not provided

Resolved that, the (title(s) of persons authorized to sign on this account): _____ of this corporation or unincorporated association is/are authorized to open and maintain accounts with Redwood Credit Union as indicated on this card, a copy of which has been presented to the meeting of the directors/officers of:

(Name of Corporation or Unincorporated Association): _____

Further resolved, that the persons identified as authorized signers on this card are authorized to conduct all business on financial institution accounts for this corporation or unincorporated association, including but not limited to (1) opening accounts, (2) closing accounts, and (3) depositing and withdrawing funds consistent with indicated signature authorizations.

Certification: I certify that (1) I am the Secretary of this corporation or unincorporated association, (2) the above is a true and correct copy of resolutions adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on (Date) _____ and (3) these resolutions remain in effect and have not been modified.

Executed on: (Date) _____ at (City & State) _____

Secretary Name Secretary Signature Date



BUSINESS ACCOUNT CHECKLIST

Thank you for your interest in opening a business account with Redwood Credit Union. In order to provide you the best service, we request that you bring the following documents to the branch when you open your account.

This is a general checklist; some circumstances may require additional information or documents. If this applies to your situation, your Member Service Representative will discuss with you any additional requirements.

REQUIRED DOCUMENTATION BY BUSINESS TYPE

Sole Proprietorship

Fictitious Business Name Statement (if applicable)

Partnership

Partnership Agreement
 Fictitious Business Name Statement (if applicable)

Corporation

Articles of Incorporation
 Fictitious Business Name Statement (if applicable)

LLC

Articles of Organization
 Fictitious Business Name Statement (if applicable)

LLP

Partnership Agreement
 Fictitious Business Name Statement (if applicable)

LP

Partnership Agreement
 Fictitious Business Name Statement (if applicable)

Qualifying Community Organization

Attach a copy of the IRS ruling or determination letter identifying the organization as a 501C(3) or a letter stating the name and purpose of the organization