



NEWRIZONS FEDERAL CREDIT UNION

BUSINESS ACCOUNT CARD- MEMBER INFORMATION

Date:		Account No.: 4703	
Member/Account Owner: Museum of the North Beach		TIN/SSN: 86-1060439	
Type of Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Limited Liability Company (<i>list LLC tax classification: D - disregarded entity; C - corporation; P - partnership</i>) _____			
Business Office Address: PO Box 231, Moclips, WA 98562			
Business Phone: 360-276-4441		Email Address: moclipsdude@gmail.com	Fax No.
Business Name: Museum of the North Beach			
Nature of Business: Museum			

ACCOUNTS & SERVICES

<input checked="" type="checkbox"/> Savings		<input type="checkbox"/> Visa Check Card	
<input type="checkbox"/> Business Checking		<input type="checkbox"/> ATM Card	
<input checked="" type="checkbox"/> Money Market		<input checked="" type="checkbox"/> CU@Home	
<input type="checkbox"/> Certificate of Deposit		<input type="checkbox"/> Bill Payment	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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 withholding.

I am subject to backup withholding *I am not a United States citizen or resident (complete W-8 form)*
 Exempt

AUTHORIZATION

By signing below, I/we authorize Newrizons Federal Credit Union to obtain a credit report to verify my/our eligibility for the accounts and services requested and each of the signers certifies and agrees that the terms of this Account Card apply to the Account Owner listed above. By signing below, I/we agree to the terms and conditions of the Business Membership and Account Agreement, Funds Availability Policy, Rate and Fee Schedule, and Business Electronic Funds Transfer Agreement, 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. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding*

AUTHORIZED SIGNERS FOR ACCOUNTS AND PRODUCTS CHECKED ABOVE

1. Authorized Signer	Title	SSN/TIN:	Date of Birth
Signer's Street Address		X	
2. Authorized Signer	Title	SSN/TIN:	Date of Birth
Signer's Street Address		X	
3. Authorized Signer	Title	SSN/TIN:	Date of Birth
Signer's Street Address		X	
4. Authorized Signer	Title	SSN/TIN:	Date of Birth



NEWRIZONS FEDERAL CREDIT UNION

Signer's Street Address	X
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BUSINESS AGENTS FOR ACCOUNT INFORMATION

NAME	POSITION

BUSINESS/ORGANIZATION RESOLUTION OF AUTHORITY

ACCOUNT OWNER. The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown on the front side. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account owner has been duly formed and currently exists.

AUTHORIZED PARTIES. The Authorized Signers signing above presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. Each Signer agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of a Signer's authority at any time.

- a. Each Authorized Signer listed above certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Business Membership and Account Agreement and Business Account Card, and Fee Schedule, as amended from time to time.
- b. The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated on the front side, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
- c. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at each location where an account is maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.

BUSINESS AGENTS. Business agents are persons authorized to receive any account information from the Credit Union, either orally or in writing. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.

LIABILITY. The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change or change of Account Owner.

For Credit Union Use Only

Signer #	Gov't ID/Drivers License #	Issued By	Issue Date	Exp Date	Scanned <input checked="" type="checkbox"/>	Chex	OFAC <input checked="" type="checkbox"/>	Validation (for One Owner)	FICO	Matrix
1					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SSN <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> DOB		
2					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SSN <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> DOB		
3					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SSN <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> DOB		
4					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SSN <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> DOB		

Registry Number _____ Business Document(s) Verified and Scanned (list) _____

Discrepancies/Comment _____

Empl Init/Tlr ID _____ Date _____ Supv Signature _____ Date _____