



536 North Avenue NE
 Atlanta, GA 30308
 Phone: (404) 888-1648 • Fax: (404) 888-1622
 www.pinnaclecu.org



NEW UPDATE DATE: _____

Business Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account.
 What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.
 We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

Share/Savings _____	Money Market _____
Share Draft/Checking _____	Other: _____
Share Certificate _____	Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Overdraft Protection (Indicate transfer priority below): _____	ATM Card: _____
PC Access/Internet Banking	Debit Card: _____
Audio Response	Other: _____

MEMBER/ACCOUNT OWNER INFORMATION

NAME	MEMBER/ACCOUNT NUMBER OTHER TRADE OR D/B/A NAMES	
Type of Entity		
Corporation	Partnership	Unincorporated Organization
Limited Liability Company	General	Association/Club
Select Classification Code:	Limited	Other: _____
Sole Proprietorship	Limited Liability	
	D = Disregarded Entity	
	C = Corporation	
	P = Partnership	

ACCOUNT INFORMATION

STATE ORGANIZED	EIN/TIN		
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED
MAILING ADDRESS			
PHYSICAL ADDRESS			
BUSINESS PHONE	OTHER PHONE	WEB SITE ADDRESS/EMAIL	
VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)		NATURE OF BUSINESS	

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT	POSITION	SSN/TIN	
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

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DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
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HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

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HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:
(1) The number shown on this form is the Account Owner's correct taxpayer identification number,
(2) 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
(3) The Account Owner has been organized in the U.S. and is a U.S. person.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because it has failed to report all interest and dividends on tax return. Cross out item 3 and complete the appropriate W-8 form if Account Owner is not a U.S. person.

AUTHORIZATION

Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)

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 additional 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:	

X	
SIGNATURE	DATE
TITLE:	

X	
SIGNATURE	DATE
TITLE:	

X	
SIGNATURE	DATE
TITLE:	

FOR CREDIT UNION USE ONLY

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION	
ENTITY FORMATION DOCUMENTS REVIEWED BY			
COPIES OBTAINED:			
CORPORATE RESOLUTION	PARTNERSHIP AGREEMENT	BYLAWS OR CODE OF REGULATIONS	
CREDIT REPORT	FINANCIAL STATEMENTS	OTHER:	
GOVERNMENT LIST(S) CHECKED:	TREASURY CIP LIST	OFAC	OTHER:
LIST VERIFICATION COMPLETION DATE	BY		



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Authorization Designation

Member/Account Number: _____
 ("Business/Organization")

Location of principal office _____
 State of organization (if applicable) _____

FORM OF ORGANIZATION

Sole Proprietorship	Partnership	Association/Club
Limited Liability Company	General	Other: _____
Corporation	Limited	
Unincorporated Organization	Limited Liability	

The following authorizations are attached to and are a part of this document:

Authorization for Share/Deposit Accounts	Authorization for Borrowing
Dated: _____	Dated: _____

ADOPTION BY VOTE OF GOVERNING MEMBERS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company. The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

X _____
 Signature Title Date

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all of the information provided herein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

 Name (print) **X** _____
 Signature Date

 Name (print) **X** _____
 Signature Date

 Name (print) **X** _____
 Signature Date

 Name (print) **X** _____
 Signature Date

 Name (print) **X** _____
 Signature Date

Authorization for Share/Deposit Accounts

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with **Pinnacle Credit Union** ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/ Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least ____ Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document. (The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)

Authorized Person(s) for Share/Deposit Accounts

Name (print)	Title	X Facsimile/Specimen Signature
Name (print)	Title	X Facsimile/Specimen Signature
Name (print)	Title	X Facsimile/Specimen Signature
Name (print)	Title	X Facsimile/Specimen Signature

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:
Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)

Authorization for Borrowing

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of Business/Organization to establish a borrowing relationship with **Pinnacle Credit Union** ("Credit Union").

BE IT RESOLVED AND AGREED, that the following person(s) is (are) designated as an Authorized Person and is (are) authorized to do the following:

- (1) Obtain loans of any kind from time to time from the Credit Union.
- (2) Sign notes and credit agreements evidencing loans received from the Credit Union at such rates and terms as may be required by the Credit Union and as deemed proper by the Authorized Person(s).
- (3) Pledge, assign, mortgage or otherwise grant a security interest in any or all real property, fixtures, tangible, or intangible personal property, or any other assets of the Business/Organization for the purpose of securing loans and credit extended by the Credit Union to the Business/Organization or to guarantee and/or secure indebtednesses of others to the Credit Union, and may execute and deliver to the Credit Union security agreements, assignments, mortgages, hypothecations, agreements not to encumber and other agreements, which may contain any promises, warranties, representations, terms and conditions the Authorized Person(s) deem proper, and may execute any document or perform any act for the purpose of perfecting a security interest including delivering property into the Credit Union's possession as well as withdrawing and substituting such property from time to time.
- (4) Endorse or assign with or without recourse and deliver to the Credit Union for negotiation, discount, deposit, application to loan balances or for collateral purposes, notes, drafts, checks, certificates of deposit, acceptances, chattel paper, accounts, commercial and other business paper, now owned or hereafter acquired by the Business/Organization.
- (5) Execute and deliver to the Credit Union applications, agreements and other instruments the Credit Union requires for the issuance of letters of credit for the benefit of and to be held by the Business/Organization.
- (6) Enter into subordination and guarantee agreements and grant other financial accommodations to the Credit Union.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified under this subpart.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided in this subpart, in the exercise of any of the foregoing powers until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a facsimile or specimen; that the Business/ Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses, including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that the signature of at least _____ Authorized Person(s) with respect to borrowing must appear on the appropriate document. *(The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)*

Authorized Person(s) for Borrowing

Name (print)	Title	X
		Facsimile/Specimen Signature
Name (print)	Title	X
		Facsimile/Specimen Signature
Name (print)	Title	X
		Facsimile/Specimen Signature
Name (print)	Title	X
		Facsimile/Specimen Signature

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Borrowing:

Is the first Authorization for Borrowing presented to the Credit Union.

Expressly revokes and replaces any and all prior Authorizations for Borrowing adopted by the Business/Organization and presented to the Credit Union.

Supplements any and all prior Authorizations for Borrowing adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Borrowing that may be on file.)