



Utah First Federal Credit Union  
 200 E South Temple  
 Salt Lake City, UT 84111  
 (801) 320-2600

## COMMERCIAL MEMBERSHIP APPLICATION & AGREEMENT

<b>Business</b>		<b>Account Number</b>		<b>Br. No.</b>
<b>Account</b>	<input type="checkbox"/> Base Savings	<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Non-Profit Checking	<input type="checkbox"/> Business Advantage Checking
	<input type="checkbox"/> Business Sweep Checking	<input type="checkbox"/> Business Money	<input type="checkbox"/> Business Certificate (term)	<input type="checkbox"/> _____
<b>Business Classification</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company/PLLC
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> _____

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 who opens an Account.

What this means for you: when you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents.

### ACCOUNT OWNER INFORMATION

					Member Eligibility
Business Name		Business License No./Exp. Date		Years Established	
Business Address	Apt/Box	City	State	Zip	
Mailing Address	Apt/Box	City	State	Zip	
Business Telephone Number	Mobile Telephone Number	Business Fax Number	Business Email Address	No. of Employees	
Social Security Number/ Employer Identification Number	Contact (,)				Business Annual Income

### BUSINESS OWNER/OFFICER 1 INFORMATION

					Member Eligibility
First Name	Last Name	Middle Initial	Suffix	Title	
Address	Apt/Box	City	State	Zip	
Home Telephone Number	Mobile Telephone Number	Business Telephone Number	Email Address	Birth Date	
Social Security Number	Driver License Number/State/Exp. Date			Annual Income	

## **BUSINESS OWNER/OFFICER 2 INFORMATION**

					Member Eligibility	
First Name	Last Name	Middle Initial	Suffix	Title		
Address	Apt/Box	City	State	Zip		
Home Telephone Number	Mobile Telephone Number	Business Telephone Number	Email Address	Birth Date		
Social Security Number	Driver License Number/State/Exp. Date			Annual Income		

## **BUSINESS OWNER/OFFICER 3 INFORMATION**

					Member Eligibility	
First Name	Last Name	Middle Initial	Suffix	Title		
Address	Apt/Box	City	State	Zip		
Home Telephone Number	Mobile Telephone Number	Business Telephone Number	Email Address	Birth Date		
Social Security Number	Driver License Number/State/Exp. Date			Annual Income		

## **BUSINESS OWNER/OFFICER 4 INFORMATION**

					Member Eligibility	
First Name	Last Name	Middle Initial	Suffix	Title		
Address	Apt/Box	City	State	Zip		
Home Telephone Number	Mobile Telephone Number	Business Telephone Number	Email Address	Birth Date		
Social Security Number	Driver License Number/State/Exp. Date			Annual Income		

## **VISA CHECK CARD/NETTELLER/CASH MANAGEMENT/MOBILE BANKING**

You are requesting the convenience of 24-hour access to Your Utah First Federal Credit Union Account. In conjunction with a Personal Identification Number (PIN) or Access Code, your card will allow you to use a number of Automated Teller Machine (ATM) and COOP networks, including the Credit Union's ATM machines and will also allow you to pay for services and purchases directly from your checking account.

**You would like:**     VISA Check Card     NetTeller     Cash Management     Mobile Banking

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Name on Card 1

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Name on Card 2

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Name on Card 3

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Name on Card 4

## **REQUEST TO RECEIVE ELECTRONIC DOCUMENTATION (INCLUDING E-STATEMENTS)**

- If this box is checked, You request that we provide documentation to you electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates your ability to receive such documentation in electronic form.

## **TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING**

Under penalties of perjury, You certify that: (1) The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and (2) you are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that You are no longer subject to backup withholding; (1) You are a U.S. citizen or other U.S. person (defined below); and (4) You are exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return,

Definition of a U.S. person for Federal tax purpose, you are considered a U.S. person if you are;

- An individual who is a U.S. citizen or U.S resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations 26 CFR § 01,7701-7).

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-R (Withholding of Tax on Nonresident Aliens and foreign Entities) which can be obtained from a Credit Union representative or the IRS.

## **AUTHORIZED SIGNERS**

Unless we receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each account established under these applications and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

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Name

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Title

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Driver License Number/State

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Signature

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Signature

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Signature

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Signature

## **SIGNATURES**

You hereby apply for membership with Utah First Federal Credit Union. You warrant that you are authorized to apply for such membership and establish such accounts (s), and you further warrant the truth of the information contained in your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by us in determining your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, you agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Utah First Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional accounts and/or account services be established On Your behalf and/or the addition or deletion of Authorized Signer (s) of your Account(s). Your signature below is your continuing authorization for Utah First Federal Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless we receive written instructions to the contrary, you hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your account(s).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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Business Owner/Officer 1 — Signature

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Date

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Business Owner/Officer 2 — Signature

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Date

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Business Owner/Officer 3 — Signature

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Date

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Business Owner/Officer 4 — Signature

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Date

## **CREDIT UNION USE ONLY**