



Business Services Account Agreement

			Account Number
Account Name	Tax ID Number	Telephone Number	
Street Address	City	State	Zip
Statement Mailing Address, if different			

In this Agreement, the words "You" and "Your" refer to the applicant organization and/or its representatives and the words "We, "Us", and "Our" refer to Space Coast Credit Union.

Business Type

Sole Proprietorship
 Partnership
 Corporation
 Non-Profit Corporation
 Association
 Other _____

By signing this Agreement, You authorize Us to establish a share (deposit) and/or share draft (Business Checking) and/or Money Market Account on your behalf. We are authorized to pay checks when signed and countersigned by authorized signatures as shown on the Signatures portion of this Agreement, and to endorse checks for this organization which are received for deposit.

It is agreed that:

- By signing below, You hereby make application for membership in Space Coasts Credit Union and agree to follow all bylaws, policies, and amendments that may be made from time to time by the Board of Directors or by action of the membership., You authorize Us to check Your credit history for any reason, including verification of the information on this request. You agree that We may send You electronic access devices, if you qualify, such as ATM, debit or credit cards. In each case We shall provide a disclosure of the terms and conditions of its usage. We may at Our discretion pay checks, drafts, and electronic transactions initiated by either You or Your authorized signer that will overdraft Your account. You agree to be jointly and severally liable and responsible for any loss, damage, or charges incurred because of Your use of the accounts at Space Coast Credit Union. You acknowledge receipt of and agree to be bound by the appropriate and required disclosures and schedule of fees. You authorize Us to accept Your facsimile signatures on this Agreement and, subsequently, on any other documents associated with the Account(s) established for You and You agree that your facsimile will have the same legal force and effect as Your original signature. You further authorize Us to accept facsimile signatures of any person designated in this Agreement and subsequently, in any future written instructions that You provide Us and You agree that such facsimile signatures will have the same legal force and effect as an original signature. You assume any risk that may be associated with permitting Us to accept any facsimile signature.
- We are not obligated to pay a check which exceeds the balance of Your checking account, or a check that is more than 6 months old;
- Except for negligence, We are not liable for any action taken regarding the payment or nonpayment of a check;
- All non-cash payments received for deposit in Your account(s) will be credited subject to final payment;
- Your account(s) will be subject to service charges in accordance with the schedule adopted by Us from time to time;
- Under penalty of perjury, You certify the number shown on this application is Your correct taxpayer identification number and You are not subject to backup withholding under the provisions of the Internal Revenue Code.

Account Type

Savings Account
 Checking Account
 Money Market Account
 ATM/Visa Debit

Overdraft Protection

You request overdraft protection on Your Checking Account(s) You may have with Us and You authorize Us to transfer funds from Your account(s) with Us to Your checking account(s) with Us to clear overdraft according to the terms of Your Agreements and Disclosures.

- Business Checking- suffix _____ Overdraft protection from suffix(es) 1st _____, 2nd _____, 3rd _____
 Business Checking- suffix _____ Overdraft protection from suffix(es) 1st _____, 2nd _____, 3rd _____
 Money Market- suffix _____ Overdraft protection from suffix(es) 1st _____, 2nd _____, 3rd _____
 Other _____ - suffix _____ Overdraft protection from suffix(es) 1st _____, 2nd _____, 3rd _____

To the extent permitted by law, You authorize Us to transfer funds from other accounts You may have with Us in necessary multiples (or

in such increments as We may from time to time determine) to Your account to cover any overdraft. Transfers will be made in the order designated above provided You have enough available funds and subject to any specific transaction limitations that might apply to that account. Any overdraft transfers from Your account may be subject to a transfer fee. You hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.

Signatures

Unless we receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this Agreement and transact any other business related to such Accounts now or in the future. We are authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below. We are further authorized to accept a facsimile of any signature below. You certify that all statements in this Application on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize Us to make such inquiries and gather such information as We deem necessary and reasonable concerning any information provided to Us on this Application or on any such required documents, including inquiries to the Internal Revenue Service. You further agree to notify Us promptly of any change in any such information.

1. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address

Home Phone Number Driver's License Number Date Issued Expiration Date

2. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address

Home Phone Number Driver's License Number Date Issued Expiration Date

3. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address

Home Phone Number Driver's License Number Date Issued Expiration Date

4. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address

Home Phone Number Driver's License Number Date Issued Expiration Date

Officer of Organization certifying the above signatories:

Signature Date

Print Name and Title

<p>Directors/Officers (President, Vice President(s), Treasurer, Secretary)</p> <hr/> <p>Print Name and Title</p> <hr/> <p>Print Name and Title</p> <hr/> <p>Print Name and Title</p> <hr/> <p>Print Name and Title</p>	<p>Company Information</p> <p>Type of Business (Be specific) _____</p> <p>Number of Years in Business _____</p> <p>Estimated Monthly Cash Deposits in Dollars _____</p> <p>Source of Direct Deposit(s) _____</p> <p>Estimated Monthly Wire Transfer Activity in Dollars _____</p>
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For Credit Union Use Only

<p><input type="checkbox"/> DBA- Sole Proprietorship</p> <p><input type="checkbox"/> Completed and signed Business Services Account Agreement</p> <p><input type="checkbox"/> Completed and signed SCCU Resolution of Authority</p> <p><input type="checkbox"/> Federal Tax ID (EIN) number and/or Social Security Number for all signers</p> <p><input type="checkbox"/> Copy of the screen (www.sunbiz.org) verifying the name of the business, that the business is active and that the expiration date has not been exceeded.</p> <p><input type="checkbox"/> Occupational License (also called Business Tax Receipt)</p>	<p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Completed and signed Business Services Account Agreement</p> <p><input type="checkbox"/> Federal Tax ID (EIN) number for business</p> <p><input type="checkbox"/> Social Security Number for all signers</p> <p><input type="checkbox"/> Copy of the entire certified Partnership Agreement</p> <p><input type="checkbox"/> Copy of the screen (www.sunbiz.org) verifying the name of the business, that the business is active and that the expiration date has not been exceeded.</p> <p><input type="checkbox"/> Occupational License (also called Business Tax Receipt)</p>
<p><input type="checkbox"/> Corporations</p> <p><input type="checkbox"/> Completed and signed Business Services Account Agreement</p> <p><input type="checkbox"/> Federal Tax ID (EIN) number for business</p> <p><input type="checkbox"/> Social Security Number for all signers</p> <p><input type="checkbox"/> Copy of the entire certified Corporate Resolution or copy of their Articles of Incorporation and a completed and signed SCCU Resolution of Authority.</p> <p><input type="checkbox"/> Copy of the screen (www.sunbiz.org) verifying that the business is active and that the name and the Director/Officer Detail section matches the information contained in the Articles of Incorporation.</p> <p>Note: A corporation may also have a DBA provided the corporation can be verified on sunbiz.org as the registered owner of the DBA.</p>	<p><input type="checkbox"/> Organizations/Associations</p> <p><input type="checkbox"/> Completed and signed Business Services Account Agreement</p> <p><input type="checkbox"/> Completed and signed SCCU Resolution of Authority</p> <p><input type="checkbox"/> Federal Tax ID (EIN) number for Organization/Association</p> <p><input type="checkbox"/> Social Security Number for all signers</p> <p><input type="checkbox"/> Copy of Minutes of Meeting showing officers</p>

<p>Identification:</p> <p><input type="checkbox"/> ID information verified/noted on Agreement for each signer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Driver's License Number</p> <p style="margin-left: 20px;"><input type="checkbox"/> State</p> <p style="margin-left: 20px;"><input type="checkbox"/> Date of issuance</p> <p style="margin-left: 20px;"><input type="checkbox"/> Date of expiration</p> <p><input type="checkbox"/> OFAC Verification: Conf # _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Business</p> <p style="margin-left: 20px;"><input type="checkbox"/> Each signer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Each Director</p> <p><input type="checkbox"/> ChexSystems Verification</p> <p style="margin-left: 20px;"><input type="checkbox"/> Business</p> <p style="margin-left: 20px;"><input type="checkbox"/> Each signer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Each Director</p>	<p>SCCU Employee Initials _____</p> <p>Branch _____</p> <p>Date _____</p> <p>Membership Officer _____</p>
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