

Business Services Account Agreement

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

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/DBA Partnership Corporation/LLC Not For Profit Organization/Association

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 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 Coast 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 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(s) that will overdraw 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 rate 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.

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, Space Coast Credit Union hereby provides notice that restricted transactions (as hereinafter defined) are prohibited from being processed through your account or relationship with the Credit Union. "Restricted transactions" are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful internet gambling. "Internet gambling" means the placing, receiving, or otherwise knowingly transmitting a bet or wager by any means which involves the use, at least in part, of the Internet. By holding a commercial account at Space Coast Credit Union, you certify that you and/or your business do not engage in the business of Internet gambling (as defined above). You also agree that you will promptly notify Space Coast Credit Union in the event of any change in the operations or circumstances of your business such that it becomes engaged in the business of Internet gambling.

Account Type/Service

- Savings Account
 Checking Account- Free Business Checking Account- Business Advantage
 Checking Account- Business Interest Checking Account- Platinum Business Interest
 Money Market Account
- Visa Debit
 Merchant Services Payroll Services
 Loan
 Other _____

Subject to Count Authorization

In the event that You wish to make a deposit and not wait for the transaction to be completed, You agree that currency and coin from deposits that are delivered to an SCCU employee shall be counted and verified by one SCCU employee other than at the time of deposit and not in the presence of the undersigned. SCCU's count shall determine the correct amount of the deposit notwithstanding any agreement between SCCU and the undersigned to the contrary, or the amount shown on the deposit ticket delivered at the time of the deposit. SCCU is authorized to correct the deposit by adjusting the account accordingly. This authorization shall continue in full force until notice to the contrary in writing is duly served on SCCU, but such notice shall in no way affect the rights of SCCU relating to the transactions previously made, and the sole effect of such notice shall be to remove authorization concerning transactions occurring subsequent to such notice.

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 Account Overdraft protection from Account
- Business Checking Account Overdraft protection from Account
- Money Market Account Overdraft protection from Account
- Other- Account Overdraft protection from Account

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.

Resolution of Authority

In accordance with the Resolution certified below, the above named Applicant or "Business" applies for membership in Space Coast Credit Union. By making this application, the Business agrees to comply with Space Coast Credit Union's Bylaws, Charter and Amendments, and to establish at least one (1) share (deposit). The Business agrees to abide by the terms and conditions set forth in Space Coast Credit Union's Member Account Agreement and Disclosure, the Fee Schedules, and other signature cards and account information and disclosures. The terms and conditions of the aforesaid documents are expressly incorporated herein and made a part hereof, and are agreed to by said Business. The Business, as established by the Resolution, authorizes any of the undersigned to act on behalf of the Business with regard to transacting any business on all accounts established by the Business, including, but not limited to, depositing funds, withdrawing funds by any available means by which funds are withdrawn from Space Coast Credit Union, issuing stop payments, endorsing all drafts, certificates, checks and any other paper or instruments, transacting any business with Space Coast Credit Union as necessary to carry out the purpose and function of the accounts.

By signing this Agreement, the Business authorizes Space Coast Credit Union to establish a share (deposit) and/or share draft (checking) account on your behalf. Space Coast Credit Union is authorized to pay checks when signed with authorized signatures as shown on the signature portion of this Agreement, and to endorse checks for said Business which are received for deposit.

It is further agreed that the Business authorizes Space Coast Credit Union to check its credit history for any reason, including verification of the information on this request. The Business agrees that Space Coast Credit Union may send you electronic access devices, such as debit or credit cards. In each case, Space Coast Credit Union shall provide a disclosure of the terms and conditions of its usage. Space Coast Credit Union may, at its discretion, pay checks, drafts, and electronic transactions initiated by either the business or its authorized signer, that will overdraft the account.

The Business approves and ratifies any and all acts committed by the undersigned with regard to any accounts established with Space Coast Credit Union. The Business authorizes Space Coast Credit Union to pay any instrument or make any charge, and also to receive the same from the Payee or other holder, without inquiry as to the circumstances of issue or the disposition of the proceeds, even if drawn to the individual order of any signing person or payable to such bank or others for his/her account or tender in payment of his/her individual obligations, whether drawn against the account in the name of this business, or the name of any of the undersigned related to this Business as such. The Business agrees with Space Coast Credit Union that the terms of this Agreement, and the designated persons to act on behalf of the Business, shall remain in full force and effect until Space Coast Credit Union receives official notice, in writing, from the Business of a revocation thereof, by resolution duly adopted by the Business. This certification by the Business as to the signatures of the persons named below shall be binding upon the Business until Space Coast Credit Union has actually received such notice in writing. The Business further agrees that Space Coast Credit Union is authorized to act pursuant to the Resolution until it has actually received such notice of a revocation, and that Space Coast Credit Union shall be indemnified against any loss suffered, or any liability incurred by it, in the continuing to act, pursuant to the Resolution, even though the Resolution may have been changed.

By signing below, the undersigned(s) agree to be jointly and severally liable and responsible for any loss, damage, or charges incurred because of its use of the accounts at Space Coast Credit Union, and the undersigned(s) further agree that facsimile signatures will have the same legal force and effect as original signatures.

The following individuals are authorized to deposit and withdraw funds from each account established under this Agreement. Space Coast Credit Union is authorized to pay out funds with any of the signatures below, and said Business certifies that all statements in this application and on each document required to be submitted in connection herewith, including Federal Income Tax Returns, are true, correct and complete. The Business and the undersigned further agree to notify Space Coast Credit Union in the event of any change in any such information.

There is no provision, term or condition of the Business limiting its power to ratify or approve the foregoing Agreement. The signatures appearing on the Agreement are the signatures of the persons authorized to sign for this Business.

Company Information

Type of Business (Be specific)

Number of Years in Business

Estimated Monthly Cash Deposits in Dollars

Source of Direct Deposit(s)

Est. Monthly Wire Transfer Activity in Dollars

Purpose of Account (Operating, Payroll, Lottery Funds, etc.)

Does Your Company Provide Check Cashing Services? Yes No

Owner of ATM? Yes No

Does your company issue Money Orders or Travelers Cheques? Yes No

Does your company participate in money transmission services (i.e. Western Union)? Yes No

Does your company issue stored value cards (i.e. prepaid debit/credit cards)? Yes No

Does the business sell prepaid cell phones? Yes No

Is your company a currency dealer or exchanger? Yes No

Does the business operate as an internet gambling business? Yes No

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. You certify that all statements in this Application and 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

Type Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

2. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

3. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

4. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

5. _____
Signature Date

Type Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

6. _____
Signature Date

Print Name and Title Date of Birth Social Security Number

Home Street Address, City, State, Zip

Home Phone Number DL/ID State and Number Date Issued Expiration Date

Officer of Organization certifying the above signatories: _____
Signature Date

Type Name and Title