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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

Suffix*

Suffix*

- Share/Savings _____
- Share Draft/Checking _____
- Share Certificate _____

- Money Market _____
- Other: _____
- 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): _____
- PC Access/Internet Banking
- Audio Response
- ATM Card: _____
- Debit Card: _____
- 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
- Sole Proprietorship Limited Other: _____
- Limited Liability

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 _____

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 _____

PRINCIPAL/CONTACT INFORMATION

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

TIN CERTIFICATION AND BACKUP HOLDING 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