

Business Information EIN (taxpayer identification number for the business) _____

Business Name: _____ VACU Membership Number: _____

Business Accounts and Services (check to indicate any that you are requesting)

- Business Checking Community Checking Partner's Checking
 Premium Business Checking Business Money Market Checking Business Plus Money Market Checking

Checking Accounts Only (check to indicate your request for any of these services)	
<input type="checkbox"/>	Order one box of VACU Specialty Checks printed with the Business name and address.
<input type="checkbox"/>	Enroll in Overdraft Protection (covers all VACU accounts owned by the business). List in order of transfer for funds:
1 st Account: Type _____	Number _____
2 nd Account: Type _____	Number _____
3 rd Account: Type _____	Number _____

- Savings Certificate: Term _____ Dividend Payment (check one) Compound Credit Account # _____
 Debit Card (not available for Money Market accounts): Should additional card be issued to Authorized Signer(s) YES
 Business Online Banking

Important Information About Procedures For Opening A New Account

Federal law requires all financial institutions to obtain, verify and record information that identifies each business or individual who opens an account. When you open an account, we will ask for your business legal name, business address, TIN/EIN and other information that allows us to identify the business or each individual. We may also ask to see an individual's identification and other identifying documents that verify the legal existence of the business.

Money Service Business (MSB) and Internet Gambling

VACU is unable to support the types and volume of transactions generally required by a MSB at this time. By continuing to complete this Application, you are certifying that you do not engage in a Money Service Business or an Internet Gambling Business. Transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account.

AGREEMENT – Do NOT sign or authenticate this Application unless you have read and understand this IMPORTANT INFORMATION

Definition. For purposes of this Agreement, "Authorized Signer" is any person who has actual or apparent authority to transact business on the account, whether or not such person has signed the signature card other documentation for your account. VACU may continue to recognize the authorized signer's authority until VACU had received and had a reasonable time to act upon your written modification, revocation or other change of authority instruction.

Agreement. By signing or otherwise authenticating this Application I personally, and on behalf of the Business, attest, certify, agree, and/or authorize: (1) that the Business Member is a legally licensed and established business; (2) that each Owner is authorized by the Business to open, close, or transact on any VACU Account or Service, and further accepts and agrees to abide by all VACU policies, procedures, Disclosures, and Agreements, as well as VACU's right to amend such; (3) that VACU has provided the Business with its multi-page Disclosure, and if a copy is needed, VACU will be contacted immediately to obtain such; (4) that VACU issue a QuikLine PIN (personal identification number) for telephone access to allowable Accounts and Services; (5) that VACU is authorized to act upon the singular order of any Owner for closing an account, or any Owner or Authorized Signer, for modifying any Account or Service, regardless if any Business document, article or contract states otherwise, and that VACU must receive, and act upon any written instruction to the contrary. (6) that an Owner or Authorized Signer's signature or authentication is authorization for VACU to follow the Owner or Authorized Signer's electronic, written or verbal instructions and that this authorization remains in effect until VACU receives and acts upon instructions to the contrary; (7) that VACU may obtain any information, including credit information on any Owner, Authorized Signer or the Business, and use such information for determining eligibility for any VACU Account or Service; (8) that VACU, now and from time to time, can verify, gather and/or exchange all information submitted on this Application or on behalf of the Business, including utilizing third parties such as credit reporting agencies, or other creditors, and it is acceptable for VACU to make credit or other decisions based on this information; (9) that each Owner or Authorized Signer is at least 18-years of age, unless the Owner is a Sole Owner not yet 18 years of age, in which instance, it is certified that either a parent or legal guardian is an Authorized Signer on this Application; (10) that VACU has no fiduciary responsibility other than as a financial institution and that fiduciary responsibility rests with each Owner or Authorized Signer; and (11) that VACU reserves the right to deny service, restrict and/or close the Business Membership or any Business Account or Service provided to the Business, if all requested information is not provided, or if any information or documentation provided is found to be inaccurate, misleading or conflicting.



BUSINESS ACCOUNT APPLICATION

Business Services

Owner / Authorized Signer Information and Signature. If a VACU member, enter your membership number here: _____

Authority Type (check one): Owner Partner Member Director Trustee Authorized Signer Corporate Owner
 I am a: (check one) US Citizen Resident Alien Non-resident Alien Country of Citizenship _____

Legal Name: _____ SSN/ITIN: _____

Physical Address: Street _____ City _____ State _____ Zip: _____

Mailing Address: Street _____ City _____ State _____ Zip: _____

Birth date (MMDDYYYY) _____ Work Phone (_____) _____ Home Phone (_____) _____

(Optional Info) Cell # (_____) _____ Email: Home _____ Business _____

By signing or otherwise authenticating, I attest that all information is true and accurate, and that I agree to Page 1 of this Application.

Signature: _____ Date Executed _____

Owner / Authorized Signer Information and Signature. If a VACU member, enter your membership number here: _____

Authority Type (check one): Owner Partner Member Director Trustee Authorized Signer Corporate Owner
 I am a: (check one) US Citizen Resident Alien Non-resident Alien Country of Citizenship _____

Legal Name: _____ SSN/ITIN: _____

Physical Address: Street _____ City _____ State _____ Zip: _____

Mailing Address: Street _____ City _____ State _____ Zip: _____

Birth date (MMDDYYYY) _____ Work Phone (_____) _____ Home Phone (_____) _____

(Optional Info) Cell # (_____) _____ Email: Home _____ Business _____

By signing or otherwise authenticating, I attest that all information is true and accurate, and that I agree to Page 1 of this Application.

Signature: _____ Date Executed _____

Owner / Authorized Signer Information and Signature. If a VACU member, enter your membership number here: _____

Authority Type (check one): Owner Partner Member Director Trustee Authorized Signer Corporate Owner
 I am a: (check one) US Citizen Resident Alien Non-resident Alien Country of Citizenship _____

Legal Name: _____ SSN/ITIN: _____

Physical Address: Street _____ City _____ State _____ Zip: _____

Mailing Address: Street _____ City _____ State _____ Zip: _____

Birth date (MMDDYYYY) _____ Work Phone (_____) _____ Home Phone (_____) _____

(Optional Info) Cell # (_____) _____ Email: Home _____ Business _____

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Signature: _____ Date Executed _____

VACU USE:	Date	Member #	# Addendums
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