FIRST COMMERCE CREDIT UNION
Committed to you.
P.O. Box 6416
Tallahassee, Florida 32314
(850) 488-0035
1-800-533-5772

☐ 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.

MEMBER/ACCOUNT OWNER ☐ UPDATE (describe):

BUSINESS/ORGANIZATION NAME			MEMBER/ACCOUNT NUMBER
OTHER TRADE OR D/B/A NAME			MEMBERSHIP ELIGIBILITY
STATE ORGANIZED	EIN/TIN	NATURE OF BUSINESS	NAICS#

TYPE OF BUSINESS/ ORGANIZATION

☐ C Corporation
☐ S Corporation
☐ Sole Proprietorship
☐ Single Member LLC

☐ Limited Liability Company (LLC)
Select Tax Classification:
☐ C = C Corporation
☐ S = S Corporation
☐ P = Partnership

☐ Partnership:
☐ General
☐ Limited
☐ Limited Liability

☐ Trust/Estate
☐ Unincorporated Organization/Association
☐ Other: _____

Amount of opening deposit $ _____

Source of funds : (check all that apply) ☐ Check ☐ Cash ☐ Internal transfer from acct# _____

Will you cash checks for people? ☐ Yes ☐ No

Do you/will you perform wire transfer services (Moneygram, Western Union, etc.)? ☐ Yes ☐ No

Do you/will you sell money orders? ☐ Yes ☐ No

Types of deposits/withdrawals usually made: (check all that apply)

☐ Cash ☐ ACH/Electronic ☐ Checks ☐ Wire Transfers (domestic or foreign) ☐ Other

Business License not required due to: _____

BUSINESS LICENSE NUMBER	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE	YEARS IN BUSINESS

MAILING ADDRESS	PHYSICAL ADDRESS

BUSINESS PHONE	OTHER PHONE	WEBSITE/EMAIL ADDRESS

If 336/FCCU Foundation is selected, by signing below I agree to make a $15 contribution to the FCCU Foundation, Inc., a 501(c)(3) non-profit organization. I also agree that I have read and accept the FCCU Foundation Terms and Conditions located at www.firstcommercecu.org/privacy-notice-account-disclosures-and-terms--conditions/.

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME		SSN/TIN	DATE OF BIRTH
HOME ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME		SSN/TIN	DATE OF BIRTH
HOME ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

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TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

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00901060-DB110-C-1-020218 (DB110C-E)

AUTHORIZED PERSON	☐ UPDATE (describe):		
NAME		SSN/TIN	DATE OF BIRTH
HOME ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

ACCOUNT TYPE ☐ UPDATE (describe):

☐ SHARE/SAVINGS: _____ ☐ MONEY MARKET: _____

☐ SHARE DRAFT/CHECKING: _____ ☐ OTHER: _____

☐ SHARE CERTIFICATE/CERTIFICATE: ☐ OTHER:

ACCOUNT SERVICES ☐ UPDATE (describe):

☐ OVERDRAFT PROTECTION (indicate transfer priority): _____ ☐ AUDIO RESPONSE: _____

☐ DEBIT CARD: _____

☐ INTERNET BANKING (Basic Bill Pay included automatically): _____ ☐ OTHER: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING 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 (or the Account Owner is waiting for a number to be issued), and***
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 is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: 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 law s of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).***
4. ***The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.***

Certification Instructions. Check the box for item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a separate W-8 form is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

CONSENT TO CONTACT

BY SIGNING BELOW, EACH AUTHORIZED PERSON AUTHORIZES FIRST COMMERCE CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO SUCH PERSON AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. THE AUTHORIZED PERSON(S) IS NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. The Authorized Person(s) may withdraw the consent provided herein at any time by providing written notice to us at P.O Box 6416, Tallahassee, FL 32314, by email to FCCUMemberServices@FirstCommerceCU.org, by telephone at 850-488-0035 or 800-533-5772, or by any other reasonable means.

Authorized Person Signature	Date	Authorized Person Signature	Date
X (Seal)		**X** (Seal)	
Authorized Person Signature	Date	Authorized Person Signature	Date
X (Seal)		**X** (Seal)	

By executing the Business Account Card, the Authorized Person(s) agrees we and/or our third-party providers, including debt collectors, may contact the Authorized Person(s) by telephone or text message at any telephone number associated with this account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to the Authorized Person(s), in order to service the account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. The Authorized Person(s) further agrees methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. The Authorized Person(s) may withdraw the consent to be contacted on their wireless telephone number(s) at any time by providing written notice to us at P.O Box 6416, Tallahassee, FL 32314, by email to FCCUMemberServices@FirstCommerceCU.org, via phone at (850) 488-0035 or 800-533-5772, or by any other reasonable means. If the Authorized Person(s) has provided a wireless telephone number(s) on or in connection with any of the Account Owner's, the Authorized Person(s) represents and agrees they are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and has the authority to give this consent. Furthermore, the Authorized Person(s) agrees to notify us of any change to the wireless telephone number(s) which they provide to us. The Authorized Person(s) agrees to indemnify us and our third-party providers, including debt collectors, and hold us and our third-party providers, including debt collectors harmless, from and against any and all losses, claims, damages, liabilities, costs of expenses (including attorneys' fees) that arise out of a breach of any of the foregoing representations and agreements.

In order to help mitigate harm to the Authorized Person(s) and this account, we may contact the Authorized Person(s) on any telephone number associated with the account, including a wireless telephone number (i.e. cell phone number), to deliver any messages related to suspected or actual fraudulent activity on the account, data security breaches or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. The Authorized Person(s) will have an opportunity to opt-out of such communications at the time of delivery.

AUTHORIZATION

By signing or otherwise authenticating, the undersigned, on behalf of the Account Owner, 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, additional documents and disclosures the Credit Union has provided, and to any amendments the Credit Union may make from time to time, which are applicable to the accounts and services requested herein. The undersigned also agree(s) that the information contained on this document is accurate, that any information updates identified on this Business Account Card amend all previously authenticated Business Account Card(s), and that such updates are subject to the terms and conditions of the applicable disclosures noted herein.

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

Signature	Date
X (Seal)	

TITLE:

Signature	Date
X (Seal)	

TITLE:

Signature	Date
X (Seal)	

TITLE:

Signature	Date
X (Seal)	

TITLE:

FOR CREDIT UNION USE ONLY

MEMBERSHIP EFFECTIVE DATE	OPENED/APPROVED BY	MEMBER VERIFICATION

ENTITY FORMATION DOCUMENTS REVIEWED BY

COPIES OBTAINED

- ☐ CORPORATE RESOLUTION
- ☐ ARTICLES OF INCORPORATION/ORGANIZATION
- ☐ OPERATING AGREEMENT
- ☐ FINANCIAL STATEMENTS
- ☐ PARTNERSHIP AGREEMENT
- ☐ BYLAWS OR CODE OF REGULATIONS
- ☐ CREDIT REPORT
- ☐ OTHER: _____

☐ OFAC/SDN LIST CHECKED DATE CHECKED:_____ CHECKED BY:_____

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CONTINUE TO THE FOLLOWING PAGE

MEMBER/ACCOUNT NUMBER:

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name and Title of Natural Person Opening Account:

NAME	TITLE

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

NAME	TYPE	ADDRESS

c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.

☐ Beneficial Owner Not Applicable

BENEFICIAL OWNER 1

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- **An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or**
- **Any other individual who regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).**

NAME	ADDRESS (Residential or Business Street Address)
TITLE	DATE OF BIRTH

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

CERTIFICATION SIGNATURE

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature	Date
X	(Seal)

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