



Thank you for your interest in establishing a Business Membership Account with APCU and Center Parc Credit Union. Our Business Accounts are separate from Personal Membership Accounts, and each business owner is required to have a Personal Membership in good standing to open an account.

To establish membership for your business, a savings account is required to be maintained in the name of your business. A savings account can be opened with a deposit of \$1.00 or more.

For more information on Business Checking and Savings options, please visit our website at www.apcu.com. All business accounts are subject to our current rate and fee schedules that are found on our website.

Required Documentation and Forms are outlined on the next page. Additional information or documentation may be required. Upon receipt of your application package a Business Department Representative will contact you should they need any additional information to complete your request.

Once you have gathered your documents and completed the required forms, your account packet can be sent to us through the following methods.

- Option 1: E-mail complete account packet to BusinessServices@apcu.com
- Option 2: Drop off your account packet at a local APCU / Center Parc Credit Union Location
- Option 3: Fax to (678) 380-9836
- Option 4: Mailed to: APCU/Center Parc – Attn: Business Department
400 Tradeport Blvd., Suite 401
Atlanta, GA 30354

Thank you for including APCU and Center Parc Credit Union in your business plans. We look forward to helping you with your business needs. If you have any questions, or need assistance in completing this request, please contact our Business Department at (800) 849-8431. You can also email us at BusinessServices@apcu.com.

apcu.com | info@apcu.com | (800) 849- 8431

This credit union is federally insured by the National Credit union Administration.

Required Documentation and Forms

Business Structure	Required Documentation	Required Forms
Sole Proprietorship	<ul style="list-style-type: none"> Fictitious Name Registration / Trade Name Registration EIN Letter (if applicable/available) Photo ID for all signers 	<ul style="list-style-type: none"> Business Account Card Account Resolution and Authorization Designation Business Questionnaire
Partnerships / Limited Partnerships	<ul style="list-style-type: none"> Certificate of Limited Partnership (LP and LLPs) Partnership Agreement EIN Letter (if available) Photo ID for all signers 	<ul style="list-style-type: none"> Business Account Card Certification of Beneficial Ownership Account Resolution and Authorization Designation Business Questionnaire
Limited Liability Company	<ul style="list-style-type: none"> Certificate of Formation/Organization Operating Agreement EIN Letter (if applicable/available) Photo ID for all signers 	<ul style="list-style-type: none"> Business Account Card Certification of Beneficial Ownership Account Resolution and Authorization Designation Business Questionnaire
Corporation	<ul style="list-style-type: none"> Articles of incorporation Certificate of Incorporation By-Laws EIN Letter (if available) Photo ID for all signers 	<ul style="list-style-type: none"> Business Account Card Certification of Beneficial Ownership Account Resolution and Authorization Designation Business Questionnaire
Nonprofit Corporation	<ul style="list-style-type: none"> Articles of incorporation Certificate of Organization/Incorporation By-Laws or Meeting Minutes listing Offers/Signers EIN Letter (if available) Trade Name Registration (if applicable) Photo ID for all signers 	<ul style="list-style-type: none"> Business Account Card Certification of Beneficial Ownership Account Resolution and Authorization Designation Business Questionnaire
Unincorporated Associations (Postal Associations, Girl/Boy Scouts, etc)	<ul style="list-style-type: none"> EIN Letter Proof of authority to open account: <ul style="list-style-type: none"> Meeting Minutes Letter from parent organization authorizing account opening. 	<ul style="list-style-type: none"> Business Account Card Certification of Beneficial Ownership Account Resolution and Authorization Designation Business Questionnaire

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Business Account Card

New Account Application Replace Existing Card Update Signers
Member Number (if Existing Member): _____ Request Date: _____

MEMBER/ACCOUNT OWNER

BUSINESS /ORGANIZATION NAME	BUSINESS TAX ID NUMBER
DBA OR ACCOUNT SUBTITLE	BUSINESS PHONE NUMBER
BUSINESS PHYSICAL ADDRESS	BUSINESS E-MAIL ADDRESS
MAILING ADDRESS (OPTIONAL)	NATURE OF BUSINESS
TYPE OF LEGAL ENTITY: SELECT ONE THAT APPLIES	
Sole Proprietor Partnership Limited Liability Company For-Profit Corporation Nonprofit Corporation Unincorporated Association	

ACCOUNT TYPE

SELECT ALL THAT APPLY:

SHARE/SAVINGS (REQUIRED FOR MEMBERSHIP): _____ SHARE DRAFT/CHECKING: _____
SHARE CERTIFICATE / CD: _____ MONEY MARKET: _____

IMPORTANT INFORMATION ON PROCEDURE AND TAX INFORMATION CERTIFICATION

To assist State and Federal government's fight against the funding of terrorism and money laundering activities, Federal law mandates all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account. **What this means for you and your business:** When an account is opened, 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.

Under penalties of perjury, you certify that: (1) The number shown on this form is the Member's correct taxpayer identification number (or the member is waiting for a number to be used), and (2) The Member 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 entity that it is no longer subject to backup withholding, and (3) The Member is a U.S. citizen or other U.S. person. For federal tax purposes, the Member is considered a U.S. person if the Member 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 laws 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 Member is exempt from FATCA reporting is correct.

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 your tax return, you must cross out item (2) .

[] Check this box if you are a non-resident alien and complete the appropriate W-8 form. If a separate W8 form is completed, your signature does not serve to certify this section.

AUTHORIZATION

By signing or otherwise authenticating, the undersigned party(ies), on behalf of the business, 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 that the credit union may periodically make, which may apply to the instant accounts and services requested. The undersigned also agree(s) that the information contained herein is accurate, that any information updates identified on this Business Account Card revise and supercede all previously authenticated Business Account Card(s), and that such updates are subject to the terms and conditions of the applicable disclosures contained in the instant Business Account Card and authorizes the credit union to perform the requisite due diligence and screening. Furthermore, pursuant to the Unlawful Internet Gambling Enforcement Act, I certify that we do not engage in an internet gambling business. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

PRIMARY AUTHORIZED SIGNER

REQUESTOR AUTHORIZED TO MAKE DECISIONS ON BEHALF OF ENTITY

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)	SIGNATURE X	CHECK BOX TO ORDER DEBIT CARD
		Date:	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)	SIGNATURE X	CHECK BOX TO ORDER DEBIT CARD

CONTINUE TO NEXT PAGE FOR ADDITIONAL SIGNER FIELDS

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)		CHECK BOX TO ORDER DEBIT CARD
		SIGNATURE X	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	PRIMARY PHONE	E-MAIL ADDRESS	CHECK BOX TO ORDER DEBIT CARD
	TELEPHONE SECURITY WORD (OPTIONAL)		
		SIGNATURE X	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)		CHECK BOX TO ORDER DEBIT CARD
		SIGNATURE X	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)		CHECK BOX TO ORDER DEBIT CARD
		SIGNATURE X	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)		CHECK BOX TO ORDER DEBIT CARD
		SIGNATURE X	

ADDITIONAL AUTHORIZED SIGNER

NAME	TITLE/POSITION	PHONE NUMBER	OWNERSHIP % (IF ANY)
ADDRESS	SSN/TIN	DATE OF BIRTH	E-MAIL ADDRESS
	TELEPHONE SECURITY WORD (OPTIONAL)		CHECK BOX TO ORDER DEBIT CARD
		SIGNATURE X	

REQUEST TO REMOVE AUTHORIZED SIGNERS

PLEASE LIST NAMES OF SIGNERS YOU WOULD LIKE REMOVED FROM EXISTING CARD (IF APPLICABLE)

NAME	TITLE/POSITION
NAME	TITLE/POSITION
NAME	TITLE/POSITION
NAME	TITLE/POSITION
NAME	TITLE/POSITION
NAME	TITLE/POSITION

DISCLOSURES

For the protection of your account, the credit union may limit the amount of updates to an existing account card and require a new account card to consolidate all the changes. Please also note that a Visa Debit Card, KeyTeller Audio Response service and Internet Branch online service will allow an authorized signer(s) transfer capabilities on all accounts. The Credit Union shall have no liability whatsoever for any transactions undertaken by a person listed as an authorized signer.

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

GENERAL INSTRUCTIONS

What is the Purpose of 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 must complete this form?

This form must be completed by the person opening or updating an account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a 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 individuals 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) **Beneficial Owners:** 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) **Controlling Party:** 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)).

You may also be asked to provide a copy of a driver's license or other identifying document for each beneficial owner and controlling party listed on this form.

Note regarding updating information: Information provided in this form may need to be updated periodically due to changes in ownership or controlling party of the legal entity member or its beneficial owners. Further, from time to time the credit union may be required to verify the continued accuracy of the provided information.

CERTIFICATION OF BENEFICIAL OWNER(S):

Persons opening or updating an account on behalf of a legal entity must provide the following information:

- a. **Name, Type, Address and Taxpayer Identification Information (TIN) of Legal Entity** for Which the Account is Being Opened or Updated (i.e., the customer):

Entity Name: _____

Entity Type: _____ TIN: _____

Entity Address: _____

- b. **Name and Title of Person Opening or Updating Account:**

Name: _____

Title: _____

- c. **Beneficial Owner(s):** 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 continue to next page.
- For U.S. Persons: provide Social Security (SSN); For Non-U.S. Persons: Provide Individual Taxpayer Identification Number (ITIN), Passport or other Acceptable ID Information.

BENEFICIAL OWNER NOT APPLICABLE

BENEFICIAL OWNER 1	
NAME:	% OF OWNERSHIP:
DATE OF BIRTH:	SSN OR ITIN:
RESIDENTIAL STREET ADDRESS:	For non-U.S. Persons: ID Type: _____ ID #: _____ Country of Issuance: _____
BENEFICIAL OWNER 2	
NAME:	% OF OWNERSHIP:
DATE OF BIRTH:	SSN OR ITIN:
RESIDENTIAL STREET ADDRESS:	For non-U.S. Persons: ID Type: _____ ID #: _____ Country of Issuance: _____
BENEFICIAL OWNER 3	
NAME:	% OF OWNERSHIP:
DATE OF BIRTH:	SSN OR ITIN:
RESIDENTIAL STREET ADDRESS:	For non-U.S. Persons: ID Type: _____ ID #: _____ Country of Issuance: _____
BENEFICIAL OWNER 4	
NAME:	% OF OWNERSHIP:
DATE OF BIRTH:	SSN OR ITIN:
RESIDENTIAL STREET ADDRESS:	For non-U.S. Persons: ID Type: _____ ID #: _____ Country of Issuance: _____

- d. **Controlling Party:** 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., Executive Officer, C-Suite Officer, General Partner, President, Vice President, Treasurer); or
 - Any other individual who regularly performs similar functions. (If appropriate, beneficial owner can also be controlling party).

CONTROLLING PARTY	
NAME:	TITLE:
DATE OF BIRTH:	SSN OR ITIN:
RESIDENTIAL STREET ADDRESS:	For non-U.S. Persons: ID Type: ID #: Country of Issuance:

Effective January 1, 2024, many companies in the United States must report information about their beneficial owners—the individuals who ultimately own or control the company—to the Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of the Treasury. To comply with the Corporate Transparency Act, financial institutions are required to obtain affirmative consent from you/ your business regarding the sharing and inquiries of information from FinCEN's BOI Database. The purpose for this compliance is to protect you/your company's information from unlawful disclosure. The Credit Union will treat the Beneficial Ownership Information (BOI) as confidential and will protect it in compliance with applicable federal law. You can find more information at www.fincen.gov/boi.

I, _____, hereby certify, to the best of my knowledge that the information above is complete and correct and that I am authorized to disclose the information provided. Furthermore, I authorize Atlanta Postal Credit Union/Center Parc Credit Union to share and query the information provided with or to relevant federal authorities and consent to protect against financial crimes. Additionally, I agree to notify the credit union of any updates to the beneficial ownership structure in a timely manner.

Signature: _____ Date: _____

ACCOUNT RESOLUTION AND AUTHORIZATION DESIGNATION AGREEMENT

I/We the undersigned certify that : _____
 _____ (herein "Company"),
 located at _____ Tax ID Number: _____,
 is registered with all required state and county authorities as a: (Check One)

Sole Proprietorship owned by doing business under the Company's name, and the undersigned hereby adopts and agrees to the following Resolutions and that such Resolutions are fully binding on such sole proprietor personally and upon the personal assets and property of such sole proprietor.

Limited Liability Company, and the undersigned member/manager certifies that the following is a true copy of the Resolutions adopted by member(s)/manager(s) pursuant to the operating agreement.

Partnership and the undersigned, a general partner of such partnership, certifies that the following Resolutions adopted by all the general partners of such partnership.

Corporation and the undersigned Secretary of the Company certifies that the following is a true copy of the Resolutions adopted by the Board of Directors of the Company's in accordance to a notice and the articles of incorporation and regulations or by-laws of the Company's and at which a quorum was present, or adopted without a meeting by the written approval of all the directors of the Company.

Unincorporated Association, and the undersigned Secretary of the Company certifies that the following is a true copy of Resolutions adopted by the Business/Organizations, Trustees, Executive Committee, Board of Directors, etc. of the Company pursuant to, and in compliance with its organizational documents.

BE IT RESOLVED AND AGREED THAT:

1. **Depository.** Atlanta Postal Credit Union (herein the "Credit Union") is designated a depository of the Company and the Credit Union is authorized to accept for deposit to the credit of any account maintained with the Credit Union, whether in trade name or otherwise of the Company any monies, checks, drafts, notes, acceptances or other evidences of indebtedness to the Credit Union for deposit, whether or not endorsed, and any endorsements thereon by whomsoever affixed whether by stamp, mechanical or other signatures shall be deemed the endorsement of the Business/Organization. Credit Union shall not be under any obligation to inquire as to the circumstances of the issuance, use, application, disposition or the instrument or the instrument's related proceeds signed in accordance with the Resolutions contained herein.
2. **Tradenname.** The Company will keep fictitious, tradenname, or assumed name (here in "Tradenname") registration is kept in good standing according to applicable county and state laws of and understands that the Tradenname must be named in the Company's name. The Credit Union may reject any deposits to any Tradenames not listed in the Company's name and shall be held harmless from any losses suffered or liabilities incurred for accepting or rejecting such deposits. If the Company operates any account under one or more business or trade name(s), the terms of these Resolutions apply to each such account.
3. **Authorization Designation For Share/Deposit Accounts.** The following individual(s) are designated Authorized Person(s) certified to have authority to exercise any and all powers granted by the Business Membership and Account Agreement and authorities listed in this section.

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Credit Union is hereby authorized to pay or otherwise honor and pay and charge to the any accounts of the Company any checks, notes, or other orders so signed, including orders or direction informal or letter form, against any funds at any time standing to the credit of this Company with the Credit Union those drawn to the individual order of any officer or other person(s) signing them for the payment or withdrawal of any such funds when executed in the name of the Company and signed by Authorized Person(s) indicated above or any authorized signatory ("Authorized Signer") designated by Business Account Card without further inquiry or regard to the authorized Signers shall have authority to conduct transactions on any of the individual depository shares associated with the account where normal deposits and withdrawals are permitted and without further inquiry or regard to the authority of the officers or other persons or the use of the checks, drafts, orders, or proceeds. The Credit Union shall be authorized to honor instruments to the internal transfer of funds between different accounts of the Company's written authorization.

The Credit Union is authorized to make payments and from the account(s) of Company according to any check, draft, bill of exchange, acceptance or other written instrument or direction signed by any of the Authorized Person(s) designated in this section may also other transfer, or enter into agreement with Credit Union concerning the transfer of funds from Company account(s), whether by telephone, telegraph, computer or any other manner.

The Credit Union may accept, pay and/or apply any check, draft, charge, instrument or other order for the payment of money drawn on such accounts, or payable to the Company or cash that has been endorsed by any transfer of funds, and any or all of such actions may be done by Authorized Person(s) (i) without regard to the type of instrument including cash (ii) without regard to size (iii) without regard to application (iv) without regard to disposition or purpose (v) without regard to payee or sums paid or payable as, including instruments made payable to cash (vi) without regard to method of instruction (vii) allowed by applicable law.

In addition to the authorities outlined in the Business Membership and Account agreement, Authorized Person(s) shall have the authority to (i) open, close, maintain and operate a savings, share draft/checking, money market, or share certificate; (ii) enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals or transfers; (iii) enter into and execute wire transfer agreements that allow for electronic bill payment or other electronic services, (iv) enter and execute agreement for account to connected via online digital banking to other accounts held at Credit Union; (v) register the business to use online digital banking, so long as such Authorized Person(s) is/are either the owner(s) of the business, the beneficial owner(s), or controlling party or parties; (vi) enter and execute any contracts for safe deposit boxes (vii) purchase or sales of any foreign exchange, security or other products offered by the Credit Union; or (viii) enter and execute any agreements, written or verbal, for any products or services now or in the future offered by the Credit Union.

4. Authorization for Borrowing. The following person(s) is (are) designated as Authorized Person(s) for borrowing:

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Print Name, Title

Any Authorized Person(s) indicated above may borrow money on behalf of the company from the Credit Union in such amounts, for such lengths of time, and at such rates of interest and on such terms and conditions as the Authorized Person(s) deems expedient or advisable and to evidence the indebtedness created by executing and delivering individually and in the name and on the behalf of the company, promissory notes, judgement promissory notes, drafts, agreements for payment of money, or other obligations, signed in the name of and on behalf of and on behalf of the company by any Authorized Person(s) designated above, and the Authorized

Person(s) may pledge, hypothecate, or deliver as such security for the payment of the notes and other obligations on such terms and conditions and such rights, titles, and powers as shall seem advisable to the authorized signer, any notes, deeds to secure debts, security agreements, bonds, stocks, bills received, warehouse receipts, or other documents, accounts, securities, or property now or in the future belonging to the company; and they, and each of them, are further authorized to discount with the Credit Union the notes, bills receivables, or acceptances issued to or owned by the Company, and to execute and deliver any and all endorsements or instruments of assignment or transfer which may be necessary or proper in such cases effectually to transfer to the Credit Union the property so pledged, hypothecated, or delivered. The Credit Union will not be in any manner whatsoever responsible for or required to see the application of any of the funds of the company deposited with, withdrawn or borrowed from it, or secured by this discount of notes and other obligations to it as provided above and all such transactions shall be conclusively presumed to be legally binding on the Company and each and every Authorized Person(s) listed in this section of this Resolution.

5. **Responsibility.** The Company resumes full and complete responsibility and holds harmless the Credit Union for any and all payments made or any other actions taken by Credit Union in reliance upon the signatures, including facsimile, digital, and electronic signatures thereof, of any persons identified as a designated Authorized Person(s) on this Resolution or Authorized Signers designated on the Business Account Card(s) delivered by the Company to the Credit Union from time to time irrespective of whether or not the facsimile, digital or electronic signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile or digital or electronic signature may have been affixed to the instrument or document if such signature reasonably resembles the specimen or facsimile signature as provided to the Credit Union, or by honoring or for refusing to honor any signatures not provided to the Credit Union, and that the Company agrees to indemnify Credit Union against any and all claims, demands, losses, costs, damages, or expenses suffered or incurred by Credit Union resulting or arising out of such payment or other action.
6. **General.** This Resolution will continue in full force and effect until the Credit Union shall receive (i) a subsequent Resolution presented with supporting documentation, which shall have the effect of canceling, revoking, terminating and/or replacing the previous Resolution; or (ii) notice in writing from a designated Authorized Person to terminate membership with the Credit Union. The Credit Union will be indemnified and held harmless from any losses suffered or liabilities incurred by continuing to act in accordance with this Resolution when notice or subsequent Resolution has not been received by the Credit Union.
7. **Attestation.** The person(s) named below occupy the stated positions, as indicated by their signatures (be it an actual original signature, digital signature or electronic signature), and that the Resolutions contained in this document are recorded on the books of the Company, and that these Resolutions have not been altered in any way.

Signed and delivered to the Credit Union, this _____ day of _____, 20____.

Sole Proprietorship

By: _____

(Signature)

Print Name of Owner

Limited Liability Company

By: _____

(Signature)

Name of Member/Manager signing on behalf of Company

Partnerships

By: _____
(Signature)

Name of Managing Partner signing on behalf of Company

By: _____

Name of Additional Partner (if required by Partnership Agreement)

By: _____
(Signature)

Name of Additional Partner (if required by Partnership Agreement)

By: _____

Name of Additional Partner (if required by Partnership Agreement)

By: _____
(Signature)

Name of Additional Partner (if required by Partnership Agreement)

By: _____

Name of Additional Partner (if required by Partnership Agreement)

Corporations or Unincorporated Associations (includes Nonprofits)

By: _____ (Seal)
(Signature)

Name of Secretary

Business/Organization Account Questionnaire

Organization Name: _____

Tax ID Number: _____

For your protection, federal law requires APCU to obtain sufficient information to verify your identity and to understand your financial services transaction needs and behaviors. APCU protects the information you provide as part of our privacy policy and federal law.

1. What is the business structure of your organization? _____
2. Is your business headquartered in the US?
 - ☐ Yes ☐ No
 - If not, what country is your business headquartered? _____
3. In what state is your business registered? _____
4. What is the nature of your business? _____
5. Which of the following will your account be used for?
 - ☐ General Operating Funds ☐ Interest on Lawyer Trust Accounts/Interest on Lawyer accounts
 - ☐ Payroll ☐ Lottery
 - ☐ Savings ☐ Money Service Business Activity
 - ☐ Credit Card Processing ☐ Other: _____
6. Will you deposit and/or withdraw cash?
 - ☐ Yes ☐ No
 - If yes, approximately how much cash do you expect to deposit each month? _____
 - If yes, approximately how much cash do you expect to withdraw each month? _____
7. Will you send and/or receive wire transactions?
 - ☐ Yes ☐ No
 - If yes, what is the expected monthly total of wire transactions that you expect to send?

 - If yes, what is the expected monthly total of wire transactions that you expect to receive?

 - If yes, to/from which countries do you expect to send/receive wires? _____
8. Will you deposit and/or write checks?
 - ☐ Yes ☐ No
 - If yes, what is the monthly total you expect to deposit? _____
 - If yes, what is the monthly total you expect to withdraw? _____
 - If yes, will you be depositing checks remotely using mobile deposit capture?
☐ Yes ☐ No
9. Will you send and/or receive electronic (I.E.: ACH, Direct Deposit, Social Security, etc.) transactions?
 - ☐ Yes ☐ No
 - If yes, what is the expected monthly total of electronic transactions that you expect to receive?

 - If yes, what is the total expected monthly total of electronic transactions that you expect to send?

 - Will these electronic transactions be sent to or received from non-US locations? Yes No
 - If yes, to/from which countries do you expect to send/receive electronic transactions?

10. Does any portion of business income come from Internet gambling?
 - ☐ Yes ☐ No
11. Is this a marijuana-related business?
 - ☐ Yes ☐ No
12. Do you act as an intermediary between your clients and the bank, performing services or arranging for services to be performed on your client's behalf?
 - ☐ Yes ☐ No

13. Is the organization an embassy, foreign consulate, or foreign mission?

☐ Yes ☐ No

14. Does your business involve any of the following?

☐ Casinos, card clubs, or gambling establishments (with annual revenues greater than one million dollars)
☐ Securities, futures commissions, or commodity trading
☐ Precious metals, stones or jewels
☐ Vehicle sales (automobiles, airplanes, boats)
☐ Federal, state or local government agency carrying out a duty or power of a business described above.

☐ Insurance
☐ Loan/Finance
☐ Credit cards system operation
☐ Pawn brokerage
☐ Travel agency
☐ Telegraph company
☐ Real estate closing and settlement
☐ US Postal Service
☐ None of the above

15. Does your business involve any of the following?

☐ Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
☐ Cash checks in amounts greater than \$1,000 for any one person in any one day
☐ Issue or sell money orders in amounts greater than \$1,000 to any one person in any one day
☐ Transmit money on your customer's behalf electronically from one location to another
☐ Administer or exchange virtual currency
☐ Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day
☐ Network-branded card sales that exceed \$1,000 maximum value per device on any given day
☐ None of the above

16. Do you depend, in whole or in part, on charitable donations and voluntary service for support?

☐ Yes ☐ No

17. Does your company offer courier or armored car services to ship currency on your customer's behalf?

☐ Yes ☐ No

18. Will you be processing transactions that benefit a third-party?

☐ Yes ☐ No

19. Do you own, operate, or replenish an ATM?

☐ Yes ☐ No



Optional Overdraft Protection Service Agreement to Transfer Funds

Business Name: _____ **TIN Number:** _____

The credit union offers optional Overdraft Protection Services and I understand that if I elect this option, the credit union, at its discretion, may transfer funds from my/our Business Savings Account or Business Market Account to pay transaction(s) drawn on the checking account when there are insufficient funds in this account. I understand that there will be a fee assessed for each transaction of this type. I understand that the selections below may be changed at my/our discretion by resubmitting this form. I understand that the account from which we select for Overdraft Protection Services must be in the name of my business. Furthermore, I understand that if I do not elect an option, the Overdraft Protection Service will default to opting out of the service and the credit union will decline transactions when funds are not available in my checking, regardless of if the funds are available in other accounts.

Yes, I would like Overdraft Protection Services and for funds to be transferred from:
(Select one or both)

- ☐ Business Savings
- ☐ Business Money Market

No, I do not want overdraft protection.

Member Signature: _____ **Date:** _____