



United SA  
Federal Credit Union

**Member Business Account Application**

Account No \_\_\_\_\_

**BUSINESS INFORMATION:**

\_\_\_\_ Savings      \_\_\_\_ Checking

**Business Name:** \_\_\_\_\_ **Business T.I.N.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Business Phone Number** \_\_\_\_\_

**Account Ownership** \_\_\_\_ Corp \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Org/Assoc \_\_\_\_ Sole Proprietorship DBA \_\_\_\_\_

**AUTHORIZED SIGNER #1**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_

**AUTHORIZED SIGNER #2**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_

**AUTHORIZED SIGNER #3**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_

Member/Business and each Signer individually, jointly & severally (herein "business," signer", "you" and "member"), agree to indemnify and hold UNITED SA® Federal Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which credit union relies prior to notice of any account change or change of Member/Business. The Member/Business agrees that the credit union shall not be liable for any losses due to the Member/Business failure to notify the credit union of such changes.

By signing below, you authorize UNITED SA Federal Credit Union to check your credit history, including verifying the information on this request. You understand that you may contact the credit union for further information, and that this application must be completed fully for UNITED SA Federal Credit Union to process your request. We may obtain information from others about you. You authorize the credit union to issue any credit devices requested by you. You understand and agree that all funds advanced to you will be subject to the terms and conditions of the Loan and Security and Credit Card agreements. By signing, you are granting a security interest to UNITED SA Federal Credit Union in any present and future share or deposit account in the credit union in which you have an interest, excepting those accounts that would have an adverse tax consequence. You understand that by signing you are giving the credit union a consensual lien on your savings and other accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member/Business for deposit with or collection by the credit union and to execute such other agreements and to perform any other transaction under the Agreement.

**SIGNATURE**

By signing, I certify and agree to the terms contained in the authorization as agent for and on behalf of the above named entity and individually, acknowledge receipt of a copy of this authorization. The signers further acknowledge receipt of and agree to the terms of the Membership and Account Agreement, Account Card, Truth-In-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, as amended by the credit union from time to time. **Additionally, under penalties of perjury, the undersigned certifies on behalf of Account owner(s) the number shown on this form is the Account Owner's correct taxpayer identification number and the account holder is not subject to backup withholding.**

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_