



MONEY MARKET ACCOUNT SIGNATURE CARD FOR BUSINESSES AND ASSOCIATIONS

Legal Business Name: _____			
DBA (Doing Business As): _____			
Date: _____			
Account Number: _____			
Ownership type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Unincorporated Association			
Order Money Market Account checks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Customer Identification Requirements: Pursuant to federal law, RTN Federal Credit Union must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this application must provide his/her name, address, date of birth, and other identifying information. We can ask to see your driver's license or other identifying documents and documents confirming your business's existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.</p> <p>Authorized Signers: The signature of any person listed below is authorized to open this account, transact business on this account and close this account. We cannot honor multiple signature requirements. A copy of your government issued photo ID is required.</p>			
Signature _____ Print Name _____ Title _____ Street Address _____ City State Zip Code _____ Business and Home Telephone Numbers _____ Birth Date _____ SSN/TIN _____ Government ID # _____ State _____		Signature _____ Print Name _____ Title _____ Street Address _____ City State Zip Code _____ Business and Home Telephone Numbers _____ Birth Date _____ SSN/TIN _____ Government ID # _____ State _____	
Signature _____ Print Name _____ Title _____ Street Address _____ City State Zip Code _____ Business and Home Telephone Numbers _____ Birth Date _____ SSN/TIN _____ Government ID # _____ State _____		Signature _____ Print Name _____ Title _____ Street Address _____ City State Zip Code _____ Business and Home Telephone Numbers _____ Birth Date _____ SSN/TIN _____ Government ID # _____ State _____	
<p>Certification: I certify that I am the Secretary of this corporation or unincorporated association, that the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on _____, 20____, and that these resolutions remain in effect and have not been modified.</p> <p>Executed on _____ (Date), 20____ at _____ (City), _____ (State).</p> <p>Secretary's Signature _____ Print Name _____</p>			
Credit Union Use Only			
Date application received _____	RTN FCU employee receiving application _____	Government Issued Photo ID <input type="checkbox"/> State license: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Other: _____	eFunds/OFAC: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Initial Disclosures Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No