

BUSINESS ACCOUNT SIGNATURE CARD

TYPE OF CORPORATION/BUSINESS (Check One):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Organization	<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Association	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Not For Profit	<input type="checkbox"/>	Other

Account Number:	
Account Holder Names:	
Mailing Address:	
City, State, Zip Code:	
Telephone Number:	
# of Signatures Required:*	
Special Instructions:	

* It is the Organization's responsibility to verify that each check has the correct number of signatures.

Signature and printed names of each Authorized Individuals. This Agreement is subject to all terms below and on reverse.

1X Print Name	1X Sign Name
2X Print Name	2X Sign Name
3X Print Name	3X Sign Name
4X Print Name	4X Sign Name

(Additional signatures will require additional ACCOUNT SIGNATURE CARDS)

The Authorized Individual(s) signing above agree(s), jointly and severally if multiple signers, to the terms set forth in the Business Account Terms and Agreements, the Business Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), and any Terms and Agreements set forth by third-party vendors (if applicable). Each of the Authorized Individual(s) signing also acknowledges that the financial Institution provided at least one copy of these deposit account documents. The account holder(s) will be notified of any amendments to the Terms and Agreements or disclosure prior to implementation of the changes.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing above, I/We agree to pay any membership or relationship fee or provide the minimum deposit to qualify for membership; and authorize the Credit Union to verify credit and employment history by any necessary means, including retrieval of a credit report by a credit reporting agency, to be used in determining eligibility for applicable services from Dow Louisiana Federal Credit Union. I certify that the information provided above is true and correct.

TIN/BACKUP WITHHOLDING *Reporting SSN/TIN: _____

IMPORTANT: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am an U.S. person (including a U.S. resident alien), and that (check appropriate line):

- I am not subject to backup withholding, because I am exempt from back up withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholdings.

Signature of Authorized Individual:

X _____ Date _____

*(For Custodian for minor accounts, furnish the TIN of the minor)

For instructions, see Internal Revenue Service Form W-9 that is available at the financial institution.

In order for us to insure authorized payment, we ask that all Authorized Individuals provide the following information. This information may be useful to further identify Authorized Individuals for telephone instructions, large transactions, or if a signature varies.

IMPORTANT INFORMATION REGARDING MEMBERSHIP - The "Patriot Act", a federal regulation passed after the September 11th tragedy, requires that all new members present positive identification before their account becomes active. A current drivers license, passport, student ID or other form of proper government identification is necessary.

(1) Agent's Name:		SSN/TIN:	Position:
Address:			
Home Phone:		Work Phone:	
Birth Date:		DL/ID#:	
Birthplace:		Mother's Maiden Name:	
Email:		Other Contact Information (specify):	
(2) Agent's Name:		SSN/TIN:	Position:
Address:			
Home Phone:		Work Phone:	
Birth Date:		DL/ID#:	
Birthplace:		Mother's Maiden Name:	
Email:		Other Contact Information (specify):	
(3) Agent's Name:		SSN/TIN:	Position:
Address:			
Home Phone:		Work Phone:	
Birth Date:		DL/ID#:	
Birthplace:		Mother's Maiden Name:	
Email:		Other Contact Information (specify):	
(4) Agent's Name:		SSN/TIN:	Position:
Address:			
Home Phone:		Work Phone:	
Birth Date:		DL/ID#:	
Birthplace:		Mother's Maiden Name:	
Email:		Other Contact Information (specify):	

CERTIFICATE OF AUTHORITY AND CORPORATE RESOLUTION

The individual(s) signing on the front side of this document, jointly and severally and on behalf of the Account Holder certify and agree that the Corporation is organized, exists, and is duly authorized to transact business under the laws of the State of Louisiana and its principal office is located at the address shown on the front side. The name of the Corporation shown on the front side is the complete and correct name of the Corporation. Excluding the corporation name, all registered assumed business names under which the corporation does business are:

The individuals signing on the front side certify that all of the officers and Authorized Agents of the Corporation listed occupy the positions shown, and have signed on the front side. The officers further represent and certify that the following resolutions were adopted at a duly convened meeting of the Board of Directors or by other duly authorized action in lieu of a meeting and remain unmodified and in full force and effect:

- That the Agents listed on the front side are authorized and empowered to act for and on behalf of the Corporation to carry out and perform transactions under the terms and conditions of the Agreement. The named Agents are authorized and empowered to execute such other agreements and to perform such other acts as they deem reasonably necessary to carry out the provisions of the Agreement. The other agreements and other acts may not be contrary to the provisions contained in this Resolution.
- Dow Louisiana Federal Credit Union is directed to accept and pay without further inquiry any time, bearing the following appropriate number of signatures of signer(s) as indicated on the front side, drawn against any of the named accounts(s) with the Financial Institution.
- Any one of such Agents is expressly authorized to endorse all checks, drafts, notes, and other items payable to or owned by the Account Holder for deposit with Dow Louisiana Federal Credit Union or for collection of discount by DLFCU; and to accept drafts and other items payable at DLFCU.
- The authority given to the signer(s) shall remain in full force until written notice of revocation is delivered to and received by the Financial Institution at each location where an account is maintained. Any such notice shall not affect any times in process at the time notice is given. An agent of the Account Holder will notify Dow Louisiana Federal Credit Union of any change in the composition, name any assumed business names, and any aspect of the organization affecting the deposit relationship between Account Holder and the Financial Institution before any such changes occurs.
- That the number shown on the reverse side as the Corporation Tax Identification Number (TIN) is correct.

Signature of Certifying Officer

Signature of Other Authorized Director

***NOTE:** In the case the Secretary or other certifying officer is designated by the resolutions as one of the signing officers, this certificate must also be signed by a second Director of the Corporation.