



WORKMEN'S CIRCLE CREDIT UNION
 527 STEPHENSON AVE., SUITE 1
 SAVANNAH, GA 31405-5922
 Tel: (912) 356-9225
 Fax: (912) 356-9226

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.

ACCOUNT INFORMATION

BUSINESS NAME		EIN/TIN	
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED
MAILING ADDRESS			
PHYSICAL ADDRESS			
BUSINESS PHONE	OTHER PHONE	WEB SITE ADDRESS/EMAIL	
VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)			
NATURE OF BUSINESS			

ACCOUNT TYPE

Suffix*	Suffix*
<input type="checkbox"/> Business Savings _____	<input type="checkbox"/> Business Money Market _____
<input type="checkbox"/> Business Checking _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Share Certificate _____	<input type="checkbox"/> Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Overdraft Protection (Indicate transfer Priority below): _____	<input type="checkbox"/> ATM Card: _____
<input type="checkbox"/> PC Access/Internet Banking	<input type="checkbox"/> Debit Card: _____
<input type="checkbox"/> Audio Response	<input type="checkbox"/> Other: _____

PRIMARY OWNER/OFFICER CONTACT

NAME	MEMBER/ACCOUNT NUMBER
ADDRESS	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS

Type of Entity

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Organization
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Association/Club
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Limited Liability Partnership	

OWNER/AUTHORIZED OFFICER INFORMATION

NAME	ACCOUNT TYPE/SUFFIX	SSN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE
HOME ADDRESS	EMAIL	
HOME PHONE	CELL PHONE	BIRTHDATE

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HOME ADDRESS	EMAIL	
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TIN CERTIFICATION AND BACKUP HOLDING INFORMATION

TIN Certification

By signing below, I certify under penalty of perjury, 1) that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 2) that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding and 3) that, unless designated below, I am a U.S. person (including a U.S. resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

- I am subject to backup withholding. I am exempt. I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN).

AUTHORIZATION

I/We hereby make application for membership in Workmen's Circle Credit Union and agree to conform to its bylaws and amendments, Business Account Card, Business Account Agreement and Disclosure, Funds Availability Policy, Electronic Funds Transfer and Fee Schedule. Everything I/We have stated in this application is correct to the best of my/our knowledge. Workmen's Circle Credit Union may from time to time request and use reports from outside consumer reporting agencies and may answer questions about its experience with me/us. Any of the owners/officers of the business/organization named and signed in this Business Account Card is authorized to act on behalf of the business/organization as so stated and resolved in the Business Membership Resolution. I/we/owner certify that the business for which this account is being established, does not and will not participate in unlawful Internet gambling.

The undersigned have hereunder subscribed his/her name(s) and affixed the seal (if corporation or limited liability) of the Business this _____ day of _____, _____.

For a Sole Proprietorship:

Owner

For a Corporation:

President/CEO Secretary Officer Officer

For an Unincorporated Association or Organization:

President Secretary Officer Officer

For a Partnership (all Partners must sign):

Partner Partner Partner Partner

For a Limited Liability Company (all Members must sign):

Member Member Member Member

FOR CREDIT UNION USE ONLY

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION
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ENTITY FORMATION DOCUMENTS REVIEWED BY

COPIES OBTAINED:

- RESOLUTION PARTNERSHIP AGREEMENT BYLAWS OR CODE OF REGULATIONS
 CREDIT REPORT FINANCIAL STATEMENTS OTHER: _____

LIST VERIFICATION COMPLETION DATE _____ BY _____

Verification of Membership:

- CHECK ONE: Lives or Works in Chatham County
 Relative of: _____