

Business Member Service Agreement • Part 1



2050 Lowe's Drive
Clarksville, TN 37040
PH: 931-431-6800
TF: 800-821-5891
ForteraCU.com

Please use this form to open account(s), or additional account(s), for your business or organization.

To open an account and related services for your business or organization at our credit union, please complete the business or organization information in SECTION 1 (below), complete the representative information in SECTION 2, select the account(s) you want in SECTION 3, and the services you'd like to have in SECTION 4. Then read SECTION 5 and SECTION 6 and sign your name(s) in SECTION 6 (before a notary, if required) return this form to us with a copy of all representative's driver's licenses and the required documentation for your business or organization to join and open the account(s) Should you need additional representatives, accounts and/or services, have questions or need help, please contact us during business hours. Thank you again for being a member of our credit union. We look forward to serving you!

SECTION 1 INFORMATION about the BUSINESS or ORGANIZATION

1

Name of Business or Organization	Phone 1	Phone 2/Fax	NAICS Code
Address	City	State	ZIP
Mailing Address (if different from Address)	City	State	ZIP
Taxpayer ID Number	E-mail	Type of Business or Organization	Registration or License Number

SECTION 2 REPRESENTATIVE(S) INFORMATION (Any person who can deposit, withdraw, change and close the account(s) and services on behalf of the business or organization)

2

Representative 1 Name	Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	Birthplace
E-mail Address	ID Type	State	ID Number	Issue Date
Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name
Representative 2 Name	Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	Birthplace
E-mail Address	ID Type	State	ID Number	Issue Date
Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name

SECTION 3 ACCOUNT(S)

3

SECTION 4 SERVICE(S)

4

SECTION 5 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding Exempt (Exempt Payee Code _____) I am not a United States citizen or resident (complete W-8 form)

SECTION 6 ACKNOWLEDGMENT: The business (or organization) is a member or applies for membership pursuant to Fortera Federal Credit Union's (referred to as "we", "us" & "our") bylaws, policies, and this Business Member Service Agreement (referred to as the BMSA and Parts 1 & 2). The business (or organization) and authorized person(s) (referred to as "you" or "your") request the accounts, products and services selected on Agreement (the BMSA and Parts 1 & 2). The business (or organization) and authorized person(s) ("you" or "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms of this BMSA, which includes the following disclosures: Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee. Part 2 has been emailed to Representative 1's address if available. To identify and provide you with excellent service, you agree we may review and image your current identification, and may obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and has been completed according to your instructions. You understand this BMSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree we may rely solely on this BMSA and have no obligation to rely on any other documents. To benefit all members, you agree we may change the BMSA, and those changes are binding on you. You may call us with questions or obtain a copy of this BMSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to the BMSA.

1. Authority of an Authorized Person of the Account Owner. You agree that each authorized person (a "representative", "signer" or "information user") named in Part 1 of this BMSA is authorized to act on behalf of you for your accounts and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, as explained in Part 2 of this BMSA. You affirm that the business (or organization) is the owner of the account, and that the name provided is the complete and correct name of the account owner. Each officer, director, shareholder, partner, principal, member, manager, employee, board/committee person, volunteer, fiduciary and authorized person (as applicable) warrants that the business (or organization) has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to an authorized person named on Part 1 and addressed in Part 2 of this BMSA will remain in full force until written notice of revocation is delivered to and received by us. A representative must notify us of any change to any aspect of the business (or organization) that affects this BMSA before the change occurs, and you agree that we are not liable for any losses due to the failure to notify us of such changes. You and each authorized person agree that we have no notice of any breach of fiduciary duties by any authorized person unless we have actual notice of wrongdoing. Further, you and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to the account or business (or organization). To assure consent to and the legitimacy and accuracy of this Part 1 form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to this BMSA (Parts 1 & 2). The IRS does not require your consent to any provision of this BMSA other than the certification required to avoid backup withholding (in Section 5 above).

Representative 1 Signature	Representative 2 Signature
State of _____ in the county of _____	Notary _____
This Agreement was signed before me on _____	Commission Expires _____
by _____	
Name(s) of Representative(s)	

Questions? Contact us anytime we're open for business!

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	Account Number	Date
	Name of Business or Organization	<input type="checkbox"/> O R A C			