Business Membership Application and Agreement



USA PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the financing of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account for the above named business, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you, other owners of the business, or any person designated as a signatory upon the account by resolution. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

Business Name			OtherTrade (assumed) or DBA Name(s)			
Street Address			City, State and Zip Code			
Mailing Address (if different)			City, State and Zip Code			
Phone Number			Email Address for Eservices			
Taxpayer Identification Number	Name Associated SSN/TIN		Expiration Date of Assumed or DBA Name			
Business Classification						
Sole Proprietorship Corporation General Partnership or Limited Partnership Non-Profit Corporat				Municipal/Government		
Field of Membership						
State of Michigan	Other					

AUTHORIZATION FOR BUSINESS SIGNERS

Each Business Signer below has the right to individually transact business on this account. The undersigned acknowledge(s) the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of a Business Authorized Signer provided below, in the exercise of any powers granted by the Agreement until notified in writing of a change. The undersigned acknowledges and agrees that the Credit Union shall not be held liable for refusing to honor any signature where the Business has not provided to the Credit Union a specimen thereof, and shall hold harmless and indemnify the Credit Union from all claims, demand, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made, or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of a Business Authorized Signer provided that when a signature is required to exercise the authority described in the Agreement, the signature of one Business Authorized Signer with respect to share or deposit accounts must appear on the appropriate document.

The undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned further agrees to be bound by the Credit Union's Bylaws, rules and regulations, as amended from time to time. The undersigned agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

This form supersedes, takes precedence and replaces any such form that preceded it.

First Name	Last Name		Date of Birth		
Address		City, State and Zip Code			
Driver's License/Other Identification #	Issuing State	Expiration Date	Debit Card Requested		
				Yes	No
Signature		Date			
First Name	Last Name		Date of Birth		
First Name	Last Name		Date of Birth		
First Name Address	Last Name	City, State and Zip Code	Date of Birth		
	Last Name	City, State and Zip Code	Date of Birth		
	Last Name	City, State and Zip Code Expiration Date	Date of Birth Debit Card Req	uested	
Address			Debit Card Req	uested Yes	No
Address			Debit Card Req		No

First Name	L	Last Name		Date of Birth				
Address			City, State and Zip Code					
Driver's License/Other Identification #	1	Issuing State	Expiration Date	Debit Card Requested				
				Yes No				
Signature			Date					
INCTRUCTIONS TO SIGNED, K L			/IDC\ 4b - 4.4b - b	loon of the latine does to be a second or seco				
INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that the business is subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification below. Under the penalties of perjury, the undersigned certifies that (1) the Taxpayer Identification Number (T.I.N.) shown on this form is the correct T.I.N. of the business or other entity applying for membership and services (or the entity is waiting for a T.I.N. to be issued to it); and (2) the entity is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the business that it is no longer subject to backup withholding; and (3) the entity is a U.S. person*.								
*IRS Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are: (1) An individual who is a U.S. citizen or U.S. resident alien, (2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, (3) An estate (other than a foreign estate), or (4) A domestic trust (as defined in Regulations Section 301.7701-7).								
			OR MEMBERSHIP, GREEMENT SIGNATURE					
By signing below, I/we hereby apply for membership of the above-named business or other entity ("Business") in 4Front Credit Union. The above-named Business agrees to the terms and conditions of the Membership / Account Agreement for Businesses and Other Entities ("Agreement"), receipt of which is acknowledged, said Agreement and amendments being incorporated by reference herein. The above-named Business further agrees that the Credit Union may change any term or provision of said Agreement, except where said Agreement or applicable law provides differently, upon thirty (30) days' notice or such shorter notice period as may be required in order to comply with a change in applicable laws or regulations. The above-named Business further agrees to abide by the Bylaws, Policies and Procedures of the Credit Union. The individual signing below warrants and represents that the above-named Business validly exists and is in good standing in the State of Michigan and that he/she has the legal authority and corporate authority to bind the above-named Business to the terms and conditions of the Agreement. The above-named Business and any individual signing this Membership Application in any capacity authorize the Credit Union to verify or obtain further information as it may deem necessary concerning the Business. The undersigned acknowledges that the provision of all financial services to the Business by the Credit Union is subject to qualification and approval. Specimens of the signatures of those persons authorized to make withdrawals or otherwise transact business on the accounts of the Business are set forth in the "Business Account Resolution", and the Credit Union may act upon the request of such Business bearing any such signatures, including, but without limiting the generality of the foregoing, the pledging of this account in whole or in part to secure any extension of credit to the Business, until the Credit Union receives notice to the contrary. The Business may change its Authorized Signers by providing approp								
Signature			Name &Title	Date				
CREDIT UNION USE ONLY Application opened by ID#:								
☐ ChexSystems	☐ Checking		☐ Debit Card(s) Ordered	☐ Checks Ordered				
□ ID Verification	☐ Enrolled in Tel	lephone Banking	☐ Enrolled in Online Banking	☐ Enrolled in eStatements				
□ OFAC								
Reviewed by MO sign and ID#:		Date:						

Member Account Number:

Business Name: