

Business Account Agreement

Date: _____

Credit Union Name & Address



Business Entity Information

Name	
Address	
Mailing Address (if different)	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Business Start Date:	EIN:

Ownership of Account

Sole Proprietorship Partnership
 LLC
 C Corporation S Corporation _____

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested

ATM Debit/Check Cards (No. Requested: _____)
 Online Banking _____
 _____ _____

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

Taxpayer I.D. Number - TIN: _____
 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

Member No. _____

Yes No **Is this or is this anticipated to become a Marijuana or Marijuana related Business?**
 Marijuana or Marijuana Related Business this may include but is not limited to: Growers/Processors/Dispensaries/Cannabidiol (CBD)/THC, low-THC, or THC Free/HEMP/non-intoxication parts of the Cannabis sativa plant, stalks, fiber, oil or any other derivative, mixture, manufacture, salt, or preparation of such mature stalks, businesses/Accessories/paraphernalia businesses.

Yes No **Is this Business a "Money Service Business" (MSB)?**
 "Money Service Business" (MSB) is a business that transmits or converts money *like* a financial institution but is *not* a financial institution.

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____ .

Authorized Signer

Name	
Eligibility for Membership	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
City & State of Birth	
Employer/Occupation	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Authorized Signer 2

Name	
Eligibility for Membership	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
City & State of Birth	
Employer/Occupation	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Distributions from Oklahoma credit union Pay-On-Death (POD) accounts shall be consistent with 6 Okla. St. 2025.

Authorized Signer 3

Name	
Eligibility for Membership	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
City & State of Birth	
Employer/Occupation	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Other Terms/Information

In consideration of TRUE SKY Credit Union's agreement to open this account, and other value received by each of the undersigned, the undersigned depositor (whether one or more) agrees to the terms stated on this form and acknowledges receipt of this Agreement, the Business Account Deposit Agreement, the Schedule Charges and Fees and interest rates, and the disclosures relating to Funds Availability, and Privacy. Depositor acknowledges receipt of a copy of this Signature Card and Agreement and of the herein referenced schedules and disclosures. Depositor acknowledges TRUE SKY Credit Union to check credit and employment history.

I/We further certify that I/We will keep TRUE SKY Credit Union advised of any changes to the beneficial owners of the business and will timely provide information as requested by the Credit Union to keep the information updated or TRUE SKY Credit Union, in its sole discretion, may limit services or close the account.

I/We certify that I/We are not opening this account or intend to maintain this account to conduct or engage in any internet gambling activity, whether legal or illegal. I/We certify that I/We are not receiving deposits or other credits related to the operation of an illegal internet gambling business. I/We understand that TRUE SKY Credit Union must enforce this prohibition and may limit services or close the account, in its sole discretion, if it makes a good faith determination that I/We have violated this Agreement.

UNDER PENALTY OF PERJURY I/We, by our signatures below, hereby certify that the information on this Membership Application is true and correct and submitted for the purposes of obtaining the accounts and services requested.

Further, I/We hereby certify that the company is properly organized and is in good standing; the name of the company is not being used to defraud or mislead; that the signatures herein are true and correct signatures of such persons who have been duly appointed or elected by the company, or otherwise have lawful authority to act as an agent on behalf of the company and transact on this account.

I/We certify that the tax identification number of the company is: _____.

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. **The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, the following agreements or disclosures:**

- Terms & Conditions Truth in Savings Funds Availability
 - Electronic Fund Transfers Privacy Substitute Checks
 - Common Features E-sign Consent Positive Pay
- Authorized Signer (See Individual Information for Authorized Signer Designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- (1): [X]
Print Name
- (2): [X]
Print Name
- (3): [X]
Print Name

Important Account Opening Information. Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.