



241 Union Street, Rockland MA 02370  
www.rfcu.com

<b>Internal Use Only:</b>
Branch: _____
Teller # _____
Date: _____
Mbr Acct # _____
New Suffix # _____
<i>Verified updated agreements are on file for each new account/suffix</i>

## Small Business Account Signature Card

To speed the processing of your application, review the CHECKLIST in Section 6. on the reverse  
“I” and “My” mean each and every person who signs below. “You”, “Your”, and “RFCU” mean Rockland Federal Credit Union.

### 1. GENERAL INFORMATION

Account Number: \_\_\_\_\_ Business Name: \_\_\_\_\_  
(assigned by RFCU) (Must match TIN assignment. If applicable, to open account – See Section V)

Business Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Sole Proprietorship     Partnership     Limited Liability Partnership/Company     Corporation

I certify that all necessary steps have been executed to formally establish the business referenced. I agree to provide RFCU with a copy of the Partnership Agreement, Operating Agreement, or Charter, as applicable, prior to opening the account.

### 2. FIELD OF MEMBERSHIP

#### Sole Proprietor, Managing Partner, Managing Member, or Executive Officer:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

I certify that all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable ARE also in RFCU’s field of membership and are therefore eligible to open this Business Account.

**USA Patriot Act Information** Important information about procedures for opening a New 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 who opens an account.

What this means to me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver’s license or other identifying documents.

**REQUIRED IDENTIFICATION** Account will not be opened without the following: I will forward true legible copies (by mail) or provide originals of true legible copies (in person) of any of the following forms of identification, one of which must include a picture, one of which must reflect my current street address and one of which must include my Tax ID number. If one of these forms of identification includes all required information I need only submit that one:

- Valid US Driver’s License    • US Social Security Card    • Passport    • US Military ID
- Utility Billing Statement    • US Work VISA    • Other Picture ID Issued by US Federal, State, or Local Government

RFCU reserves the right to request additional identification.

3. ACCOUNT TYPE (s)

- Primary Savings (\$5\*\*\*)  Checking (\$5\*\*\*)  Money Market (\$5\*)  Online Banking (Business Online Banking Agreement required)
- Certificate for \_\_\_\_\_ Months (up to 60) in the amount of \$ \_\_\_\_\_ (\$1,000\*\*\*)
- RFCU Business Debit Card\*\*** To apply complete the Business Debit Card Application.
- Business Reserve – Revolving Line of Credit - To apply complete the Business Reserve Application & Agreement.
- Identification Code Word:** I will remember this (up to 10 letter) word for telephone transactions through RFCU Call Center: \_\_\_\_\_

\* Minimum deposit required to open \*\* Upon Approval \*\*\* Minimum to open/earn dividends

4. ADDITIONAL AUTHORIZED PARTNERS, MEMBERS, OFFICERS, AND SIGNATORY (ies)

ADDITIONAL PARTNERS, MEMBERS OR OFFICERS (Must ALL be in the Field of Membership):

1. # \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
RFCU Member Number

\_\_\_\_\_  
Print Name

ADDRESS \_\_\_\_\_  
Eligibility (Family Member Number, Sponsor Company Name, or Organization Name through which I am joining): \_\_\_\_\_

\_\_\_\_\_  
Signature

2. # \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
RFCU Member Number

\_\_\_\_\_  
Print Name

ADDRESS \_\_\_\_\_  
Eligibility (Family Member Number, Sponsor Company Name, or Organization Name through which I am joining): \_\_\_\_\_

\_\_\_\_\_  
Signature

3. # \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
RFCU Member Number

\_\_\_\_\_  
Print Name

ADDRESS \_\_\_\_\_  
Eligibility (Family Member Number, Sponsor Company Name, or Organization Name through which I am joining): \_\_\_\_\_

\_\_\_\_\_  
Signature

AUTHORIZED SIGNATORIES (in addition to those listed above):

1. # \_\_\_\_\_  
RFCU Member Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

2. # \_\_\_\_\_  
RFCU Member Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**5. AGREEMENT AND TAXPAYER ID NUMBER (TIN) CERTIFICATION AND BACKUP WITHHOLDING**

**Agreement:** I certify that I am within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in your Truth-in-Savings (TIS) Disclosure and Account Agreements. Signing below and/or use of my PIN constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services disclosure and Agreements, and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services I am currently requesting or those I request in the future. I may obtain a copy of any of these disclosures at any branch office or through your Member Information Center. These disclosures (as applicable) will be given at the time of membership being opened. If I, the Prime Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age joint on any checking account(s) I have with you. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information.

**Taxpayer Identification Number (TIN)** – Enter your TIN in the box below. For individuals, this is your social security number (SSN). However, if you are a resident alien and do not have and are not eligible to get a SSN, your TIN is your IRS individual taxpayer identification number (ITIN). If the account is in more than one name, see the chart in the TIS Disclosure for guidelines on what to enter. Typically this will be the Prime Owner’s SSN.

TIN and SSN Box:  Payee exempt from Backup withholding. See Part iii Instructions in TIS Disclosure

**Certification** – Under penalties of perjury, I certify that (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out No. 3 immediately preceding this statement if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

**AUTHORIZED SIGNATURES** (MUST INCLUDE all INDIVIDUALS LISTED IN sections 2 and 4): Each of the persons who sign below is duly authorized to act with respect to the account and the credit union is authorized to act in all matters relating to the account upon the order of **any one** of the persons who sign below until the credit union receives written instructions to the contrary. Only authorized signatories can be changed or removed.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

**6. CHECKLIST – Criteria to Apply and Additional Information**

**Sole Proprietor**

- Business name must be registered
- Account opened under Sole Proprietor’s Social Security Number or Tax Identification Number
- Authorized signatories do not need to be in the field of membership
- Business Debit Card available to Sole Proprietor’s and Authorized Signatories (limit up to four cards)
- Applicable RFCU Resolution

**Partnership, Limited Liability, or Corporation**

- Account will be opened under the Tax Identification Number
- RFCU requires one partner, member, or officer to be listed as the Managing Partner, Managing Member, or Executive Officer.
- Authorized signatories do not need to be in the field of membership
- Business Debit Card issued to Partners and Authorized Signatories (limit up to four cards)
- Only Authorized Signatories can be changed. A change in Partners or Members requires a new Membership as defined in Section #4
  - Applicable RFCU Resolution

**Partnerships & Limited Liability Partnerships** – Must also submit a copy of the *Partnership or Operating Agreement* with the following Application.

**Corporation** – Must also submit a copy of the *Corporate Bylaws* with the Small Business Account Signature Card