

## Business Account Update

**INSTRUCTIONS:** Complete only the section(s) applicable to your request.  
All owners must sign authorizing changes.

**Please Note:** Any changes to entity type or ownership will require updated business entity documents.

Business Member No. \_\_\_\_\_

### Current Information

Business Name:	Tax ID No. (EIN or SSN):
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### Changes to General Information (Please provide NEW information only).

New Business Name:	New Tax ID No. (EIN or SSN):		
New/Additional Doing Business As:			
New Physical Address of Business: Street	City	State	Zip Code
New Mailing Address of Business: Street	City	State	Zip Code
New Business Phone:	New Alternate Phone:	New Business Email Address:	

Change Business Entity Structure (Updated business entity documents required):

Sole Proprietorship     Partnership     Corporation     Single Member - Limited Liability Company     Multi Member - Limited Liability Company (LLC)

I have included the following as legal proof of existence of the business:

Business License     Fictitious Name Certificate (or Certificate of Assumed Name)     Partnership Agreement  
 Articles of Incorporation     Articles of Organization     IRS EIN Letter  
 Operating Agreement     Corporate Bylaws  
 Articles of Amendment     Other \_\_\_\_\_

To help the government fight financial crime, federal regulation requires all financial institutions to obtain, verify, and record information about the **beneficial owners of legal entity customers**. This section must be completed when adding a product or adding/removing owners(s).

### Beneficial Owner Certification

The following information for each individual, if any, who (directly or indirectly) through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

#### BENEFICIAL OWNER #1 INFORMATION ( \_\_\_\_\_ % of ownership)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary ID (Type, State of Issue, Number, Expiration): \_\_\_\_\_

#### BENEFICIAL OWNER #2 INFORMATION ( \_\_\_\_\_ % of ownership)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary ID (Type, State of Issue, Number, Expiration): \_\_\_\_\_

List the following information for one individual with significant responsibility for managing the legal entity listed about such as:

1. An executive officer or senior manager (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or treasurer) OR
2. Any other individual who regularly performs similar functions.

#### INDIVIDUAL WITH CONTROL INFORMATION

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary ID (Type, State of Issue, Number, Expiration): \_\_\_\_\_

**Add Products/Services OR Close Account Request**

<b>ADD</b> the Following Services:		
<input type="checkbox"/> Business Share Savings <input type="checkbox"/> Business Money Market	<input type="checkbox"/> Online Banking <input type="checkbox"/> Business Checking	<input type="checkbox"/> Bill Pay <input type="checkbox"/> Visa Debit Card (requires checking)
<b>CLOSE</b> the Following Share Accounts:		
<input type="checkbox"/> Business Share Savings <input type="checkbox"/> Business Money Market <input type="checkbox"/> Online Banking <input type="checkbox"/> Business Credit Card <input type="checkbox"/> List Specific Account Numbers(s) _____	<input type="checkbox"/> Commercial Real Estate Loans <input type="checkbox"/> Unsecured Line of Credit <input type="checkbox"/> Business Checking <input type="checkbox"/> Visa Debit Card (requires checking)	<input type="checkbox"/> Bill Pay <input type="checkbox"/> Term Loan
<input type="checkbox"/> Close Entire Business Membership		
New Nature of Your Business:		

In addition to the Business Owner, the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Signature FCU to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. A Business Owner is the only individual entitled to add and delete Authorized Signers.

**Add/Remove Owner(s)/Authorized Signer(s) - In Addition to Existing Signers on This Account**

<input type="checkbox"/> Add Owner/Authorized Signer <input type="checkbox"/> Remove Owner/Authorized Signer			
Name: First	MI	Last	Suffix
<input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Issue Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Number:
If not a Signature FCU Credit Union member, the following information must be			
Date of Birth (MM/DD/YY)	SSN:	Home Phone No.:	Alternate Phone No.:
Residential Address:			

*(Copy of valid government-issued ID required.)*

**Add/Remove Owner(s)/Authorized Signer(s) - In Addition to Existing Signers on This Account**

<input type="checkbox"/> Add Owner/Authorized Signer <input type="checkbox"/> Remove Owner/Authorized Signer			
Name: First	MI	Last	Suffix
<input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Issue Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Number:
If not a Signature FCU Credit Union, the following information must be provided.			
Date of Birth (MM/DD/YY)	SSN:	Home Phone No.:	Alternate Phone No.:
Residential Address:			

*(Copy of valid government-issued ID required.)*

**Signatory Authorizations and Agreements**

Owner 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 3 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 4 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 3 Signature ▶	Printed Name	Date (MM/DD/YY)

