

**LM FEDERAL CREDIT UNION
BUSINESS ACCOUNT SIGNATURE CARD**
(410) 687-5240 ■ (800) 410-0501

BUSINESS ACCOUNT TYPE (check one only)

Share/Savings Checking Certificate

Organization Type: Unincorporated Organization Sole Proprietorship
 Partnership Corporation

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, we certify, in accordance with IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Taxpayer ID number (TIN) shown is my correct number and that we are NOT, unless designated below, subject to backup withholding because I have not been notified that we are subject to backup withholding as a result of failure to report dividends or interest, or because the IRS has notified us that we are no longer subject to backup withholding.

I am subject to backup withholding.

PRIMARY APPLICATION AND INFORMATION

Organization Name: _____

Address: _____
street apt # city state zip

Tax ID #: _____

Day Phone #: _____ Night Phone #: _____

Membership Eligibility by: Employer Family Member, Name: _____

eStatements: Yes No

AUTHORIZATION / RESOLUTION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. The Credit Union is instructed to recognize any of the signatures below in the payment of funds of in the transaction of any other business by the organization.

#1 _____
Signature / Date Officer / Employee Title Driver's License # / State

#2 _____
Signature / Date Officer / Employee Title Driver's License # / State

#3 _____
Signature / Date Officer / Employee Title Driver's License # / State

#4 _____
Signature / Date Officer / Employee Title Driver's License # / State

of signatures required to transact _____ of _____

PRINT NAME BELOW	SOC. SEC. #	BIRTH DATE	PHONE #
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____

SECRETARY'S CERTIFICATION: Resolved that the Secretary or any other officer of the organization is authorized to certify to the Credit Union a copy of this authorization/resolution and the names and signatures of the officers or employees hereby authorized to act in the premises, and the Credit Union is hereby authorized to rely upon such certificate until 24 hours after it receives a replacement certificate advising of any change therein, or written notice that, by proper resolution of the Board of Directors or duly elected officers of the organization, the authorities herein have been revoked. I further certify that the above listed officers or employees of the organization in whom authority are now vested by the foregoing resolutions.

Witness my hand and seal of the organization this _____ day of _____.

 Secretary of the Organization (sign) Print Name Driver's License # / State

 Secretary of the Organization (sign) Print Name Driver's License # / State

*(If the Secretary is authorized to sign checks, etc., by the above resolution, this section must be signed by a second officer of the organization.)

OTHER SERVICES AUTHORIZATION

Checking Accounts: Overdraft Protection from: NONE Regular Shares

VISA Check Card ATM Card

Certificate Accounts: Pay dividends to: Certificate Shares Me by check

***** FOR CREDIT UNION USE ONLY *****

Membership Officer Approval: _____ Date: _____

OFAC: _____ Date: _____