

Business Information

↑ Business Name		Eligibility Code (if available)	
Business Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Taxpayer ID Number or Social Security Number		Type of Business	
Business Phone	Business Fax	Business E-mail Address	

Business Structure

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation

Owner/Guarantor 1

Sole Proprietor
 Limited Partnership Partner/Owner
 Authorized Signer

↑ Owner/Principal Name		Title	
Home Address	City	State	Zip
Social Security Number	Date of Birth	Mother's Maiden Name	Percentage of Ownership
I.D./Driver License Number	State	Expiration Date	Other I.D. (Passport, Major Credit Card)
Home Phone	Work Phone	Cell Phone	E-mail Address

Background:
 US Citizen
 Permanent Resident
 Non-Resident Alien³

Visa debit card: Check if a debit card is to be issued with full access to the accounts. Specify name to appear on the card (limit is 19 characters including spaces).

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PLEASE NOTE: It is the business owner's sole responsibility for ensuring card security measures are met.

X

Owner/Principal 1 Signature _____ Date _____

Owner/Guarantor 2

Sole Proprietor
 Limited Partnership Partner/Owner
 Authorized Signer

↑ Owner/Principal Name		Title	
Home Address	City	State	Zip
Social Security Number	Date of Birth	Mother's Maiden Name	Percentage of Ownership
I.D./Driver License Number	State	Expiration Date	Other I.D. (Passport, Major Credit Card)
Home Phone	Work Phone	Cell Phone	E-mail Address

Background:
 US Citizen
 Permanent Resident
 Non-Resident Alien³

Visa debit card: Check if a debit card is to be issued with full access to the accounts. Specify name to appear on the card (limit is 19 characters including spaces).

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PLEASE NOTE: It is the business owner's sole responsibility for ensuring card security measures are met.

X

Owner/Principal 2 Signature _____ Date _____

All business accounts must be opened at a Provident branch or by virtual appointment.

CHECKING ACCOUNT OPTIONS

• Checks

Yes No

I would like my checks printed with:

- Phone Number
- Business Mailing Address
- 2 Signature Lines (for additional authorized user)

• Overdraft Protection*

Yes No

If "yes" place a number next to the account** (if applicable) to indicate the order you prefer to have the funds drawn:

____ Business Savings
 ____ Visa (Last 4 Digits): ____

Other Provident business account:

 Membership Number
 ____ Business Savings
 ____ Dividend Checking
 ____ Visa (Last 4 Digits): ____

Sole proprietors may link to their personal accounts at Provident as well:

 Membership Number
 ____ Money Market Savings
 ____ Visa (Last 4 Digits): ____
 ____ VIP Line of Credit
 ____ Other Checking
 (Last 4 Digits): ____

* Subject to a per-item fee. Refer to the Business Rate Guide and Fee Schedule.

** Some accounts have additional transaction restrictions, finance charges, and/or fees associated with this type of overdraft transaction. Refer to the terms and conditions of that account.

Owner/Guarantor 3

Sole Proprietor Limited Partnership Partner/Owner Authorized Signer

 ↑ Owner/Principal Name Title

 Home Address City State Zip

 Social Security Number Date of Birth Mother's Maiden Name Percentage of Ownership

 I.D./Driver License Number State Expiration Date Other I.D. (Passport, Major Credit Card)

 Home Phone Work Phone Cell Phone E-mail Address

Background: US Citizen Permanent Resident Non-Resident Alien³

Visa debit card: Check if a debit card is to be issued with full access to the accounts. Specify name to appear on the card (limit is 19 characters including spaces).

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PLEASE NOTE: It is the business owner's sole responsibility for ensuring card security measures are met.

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Owner/Principal 3 Signature _____ Date _____

Owner/Guarantor 4

Sole Proprietor Limited Partnership Partner/Owner Authorized Signer

 ↑ Owner/Principal Name Title

 Home Address City State Zip

 Social Security Number Date of Birth Mother's Maiden Name Percentage of Ownership

 I.D./Driver License Number State Expiration Date Other I.D. (Passport, Major Credit Card)

 Home Phone Work Phone Cell Phone E-mail Address

Background: US Citizen Permanent Resident Non-Resident Alien³

Visa debit card: Check if a debit card is to be issued with full access to the accounts. Specify name to appear on the card (limit is 19 characters including spaces).

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PLEASE NOTE: It is the business owner's sole responsibility for ensuring card security measures are met.

X

Owner/Principal 4 Signature _____ Date _____

Resolution

Resolved: That this organization establish a deposit account with Provident Credit Union, and that the President and Secretary of this organization who signed therein, are authorized to open this account, and any of the persons named as authorized signers shall be able to withdraw from said account of this organization which are signed by any one of those persons. Each authorized signer is hereby authorized for, and on behalf of this organization, to endorse and deliver checks/orders to said Credit Union for any purpose and for any amount which are executed by others and receives written notice of revocation at the office where this account is maintained.

I/We hereby certify that this resolution is true, and in accordance with the resolution still in force and effect, as adopted by the Board of Directors of

_____ at a meeting held on the ____ day of _____, 20____ and that the signatures appearing below are authorized to establish this account.

Authorization

The account shall be used as a checking account and/or savings account and the Business/Organization shall be bound by the present rules and practices of the Credit Union governing such accounts as they may be changed from time to time. The Credit Union may endorse checks when presented for deposit to said account if not endorsed. Items deposited are received for the purpose of collection only and all credits given are provisional until final collection. Any checks cashed or deposited, which the Credit Union is unable to promptly collect, may be returned by mail. In the event this account is overdrawn, we jointly and severally agree to reimburse the Credit Union on demand. The Credit Union may utilize the services of any reporting agency, for the purpose of verifying any of the authorized signer's credit history. We further agree to pay reasonable attorney's fees in a suit of legal action brought by the Credit Union to enforce its rights under this contract. The Credit Union may mail statements and notices to the above address, or the latest shown on Provident Credit Union's records.

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, (1) that the Social Security Number/Taxpayer Identification Number on this application is correct, and (2) that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding. I am subject to back-up withholding. (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box on this form regarding my background that I am a non-resident alien and have or will complete a W-8 BEN to certify foreign status.

The IRS does not require your consent to any provisions of this document other than the certification required to avoid back-up withholding.

By signing below I/we acknowledge receipt of Provident's Master Account Disclosure, Business Rate Guide and Fee Schedule, and Service Charge Schedule and agree to their terms and conditions. This authorizes Provident to do an independent credit review, obtaining credit reports now and in the future.

Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

Signatures

X
Signature of Applicant _____ Date _____ Print Name _____

X
President _____ Date _____ Print Name _____

X
Administrative Assistant _____ Date _____ Print Name _____

24/7 ACCOUNT ACCESS

Your business will be assigned a personal identification number (PIN) which will allow access to your accounts by telephone. This can be done by calling the Touch Tone Teller toll free number at (800) 626-0224. To ensure highest security, this (PIN) should be something known only to those authorized to have full access to the accounts. You can also access your account by enrolling in online banking. To enroll and set up account access, contact us at (800) 632-4600.

US PATRIOT ACT

Pursuant to the USA Patriot Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism), 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, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's

CREDIT UNION USE ONLY

Member Number _____

SC CS ID EV

Approved By _____

Owner/Guarantor 1
Qualifile Score

Owner/Guarantor 2
Qualifile Score

Owner/Guarantor 3
Qualifile Score

Owner/Guarantor 4
Qualifile Score

Seal
(If none, so state.)