



3279 Ramos Circle
 Sacramento, CA 95827
 (916) 363-4293 • (800) 327-2628
 FAX (916) 363-4298

Business Account Card

MEMBER/ACCOUNT NUMBER _____

NEW UPDATE DATE: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE (For Credit Union Use)

Suffix*

Suffix*

- Share/Savings _____
 Checking _____
 Savings Certificate _____

- Money Market _____
 Other: _____
 Other: _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES (For Credit Union Use)

- Overdraft Protection (Indicate transfer priority below): _____
 Online Banking
 24 Hour Account Manager
- ATM Card: _____
 Debit Card: _____
 Other: _____

MEMBER/ACCOUNT OWNER INFORMATION

NAME _____

OTHER TRADE OR D/B/A NAMES _____

Type of Entity

- Corporation Partnership Unincorporated Organization
 Limited Liability Company General Association/Club
 Sole Proprietorship Limited Other: _____
 Limited Liability

ACCOUNT INFORMATION

STATE ORGANIZED _____ EIN/TIN _____
 BUSINESS LICENSE NUMBER _____ ISSUANCE DATE _____ EXPIRATION DATE _____ STATE ISSUED _____
 MAILING ADDRESS _____
 PHYSICAL ADDRESS _____
 BUSINESS PHONE _____ OTHER PHONE _____ WEB SITE ADDRESS/EMAIL _____

MEMBERSHIP ELIGIBILITY

NATURE OF BUSINESS _____

PRINCIPAL/CONTACT INFORMATION

EMAIL: _____

PRINCIPAL CONTACT _____ POSITION _____ SSN _____
 DRIVER'S LICENSE/PERSONAL ID NO(S) _____ STATE ISSUED _____ ISSUANCE DATE _____ EXPIRATION DATE _____
 HOME ADDRESS _____ MOTHER'S MAIDEN NAME _____
 HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ BIRTHDATE _____

PRINCIPAL/CONTACT INFORMATION

EMAIL: _____

PRINCIPAL CONTACT _____ POSITION _____ SSN _____
 DRIVER'S LICENSE/PERSONAL ID NO(S) _____ STATE ISSUED _____ ISSUANCE DATE _____ EXPIRATION DATE _____
 HOME ADDRESS _____ MOTHER'S MAIDEN NAME _____
 HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ BIRTHDATE _____

EMAIL :

EMAIL :