



PO Box 1865
 Idaho Falls, Idaho 83403
 (800) 727-9961

**ACCOUNT CARD, MEMBERSHIP ACCOUNT
 AND SERVICES APPLICATION**

NEW	CHANGE
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To open an account, federal law requires you to complete (1) this Application; and (2) the Certification Regarding Beneficial Owners of Legal Entity Customers.

Important Information About Procedure[s] 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 for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BUSINESS INFORMATION

FULL NAME OF THE BUSINESS AS SHOWN ON YOUR TAX FILINGS WITH THE IRS				
DO YOU OPERATE UNDER ANY OTHER NAMES?		IF YES, PROVIDE THOSE NAMES AND ATTACH A COPY OF ANY FILING(S) REQUIRED BY STATE OR LOCAL LAWS		
YES NO				
Sole Proprietorship	Partnership	Limited Partnership	Corporation	Association or Club
Limited Liability Company		Limited Liability Partnership		
BUSINESS PHONE NUMBER		SSN OR TIN	BUSINESS START DATE	
STREET ADDRESS		CITY	STATE	ZIP CODE
FIELD OF BUSINESS				

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AUTHORIZED SIGNERS INFORMATION. *The following persons are authorized to use the account(s):*

AUTHORIZED SIGNERS INFORMATION. <i>The following persons are authorized to use the account(s):</i>				
NAME 1.		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
HOME ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE	STATE OF ISSUANCE	OCCUPATION	PHONE NUMBER	
NAME 2.		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
HOME ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE	STATE OF ISSUANCE	OCCUPATION	PHONE NUMBER	
NAME 3.		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
HOME ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE	STATE OF ISSUANCE	OCCUPATION	PHONE NUMBER	
NAME 4.		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
HOME ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE	STATE OF ISSUANCE	OCCUPATION	PHONE NUMBER	

BUSINESS NAME:

ACCOUNT NUMBER:

AUTHORIZED SIGNATURES

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of the Credit Union. I certify that the entity named herein is within the field of membership of this Credit Union if membership is requested, and that this account is to be used solely for the business of said entity. I/we certify the signature(s) on this card apply to the account designated; and all information provided is true and correct. I/we certify that all necessary steps have been executed to formally establish the business referenced. I agree to provide the Credit Union with a copy of the: Partnership Agreement, Operating Agreement, or Charter, or such other documentation as the Credit Union may require, as applicable, prior to opening the account. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Agreement and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future subaccounts and/or services in the names of the owners or Account Title listed above. I/we hereby warrant and certify that I/we will update information contained in this application from time to time upon request of the Credit Union or when there is a material change to the information provided.

CONSENT: The entity and each person indicated herein as an authorized user, or otherwise having any authority to make any transactions consents that the Credit Union may undertake to verify your eligibility for any account(s), service(s), or loan products ("services") now and in the future; and/or to act as an authorized user. You authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. We specifically consent that the Credit Union may report information concerning your account(s) and credit to others; and may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the entity named herein, its officers, directors, employees and other authorized users.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, I certify that: (1) the information on page 1 of 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; (2) the number shown on this form is my correct taxpayer identification number;

- (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, or 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. Citizen;
I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

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.

I certify that the Beneficial Ownership information provided is accurate to the best of my knowledge.

1.	SIGNATURE	DATE
	X	

2.	SIGNATURE	DATE
	X	

3.	SIGNATURE	DATE
	X	

4.	SIGNATURE	DATE
	X	