

# Business Member Service Agreement

Part 1



## EastRise

CREDIT UNION

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EASTRISE.COM • 800.400.8790

### INFORMATION about the BUSINESS or ORGANIZATION

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Name of Business or Organization	Doing Business As	Phone Number	Email			
Physical Address	City	State	ZIP	Taxpayer ID Number	Registration/License No.	Member Number
Mailing Address (if different)	City	State	ZIP	Type of Business	Nature of Business (description)	

### ACCOUNT(S)

2

**SERVICE(S)** Debit Card  Name 1  Name 2  Name 3  Other \_\_\_\_\_  OD Transfer from 1 \_\_\_\_\_ 2 \_\_\_\_\_  Order Checks \_\_\_\_\_

### REPRESENTATIVE(S), TRANSACTOR(S) & INFORMATION USER(S) INFORMATION

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A representative (a "Non-Tax Signator" in our data processor) may start, conduct transactions, change, add and terminate an account, product or service for the business or organization. A transactor (an "Admin Only" in our data processor) may conduct transactions, & an information user (a "Limited Access Role" in our data processor) may access information, on behalf of the business or organization. **Name 1 REPRESENTATIVE must be a Corporate Officer.**

<b>Name 1 REPRESENTATIVE</b>	Title	Physical Home Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License Number	State	Exp. Date
Employer/Retired From	Occupation/Profession	Work Phone			

### CHOOSE ONE: REPRESENTATIVE TRANSACTOR INFORMATION USER

<b>Name 2</b>	Title	Physical Home Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License Number	State	Exp. Date
Employer/Retired From	Occupation/Profession	Work Phone			

### CHOOSE ONE: REPRESENTATIVE TRANSACTOR INFORMATION USER

<b>Name 3</b>	Title	Physical Home Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License Number	State	Exp. Date
Employer/Retired From	Occupation/Profession	Work Phone			

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup 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 backup withholding.  
 I am subject to backup withholding  Exempt (Exempt Payee Code \_\_\_\_\_)  I am not a United States citizen or resident (complete W-8 form)

**ACKNOWLEDGMENT** The business or organization is or applies to be a member of EastRise Federal Credit Union ("we", "us" & "our"), and authorizes its representative(s) to take actions and conduct transactions according to our Business Member Service Agreement (the BMSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BMSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Fee disclosures (and which, along with our records, comprise the terms of the BMSA. Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization, representatives, transactors and information users to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BMSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BMSA and have no obligation to rely on any other documentation. We may change the BMSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BMSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.

**1. Authority of a Representative, Transactor and Information User.** You agree that each representative, transactor and information user named in Part 1 of the BMSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as addressed in the Part 2 of the BMSA. You understand a representative may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, a transactor may conduct transactions on accounts, products and services, and an information user may access information about accounts, products and services, on behalf of the business or organization. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

**2. Certificate of Authority & Liability.** You understand and agree that the authority given to a representative, transactor and information user named on Part 1 and addressed in Part 2 of the BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative, transactor and information user understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative, transactor and information user upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the BMSA. If "ACC" appears in the Field of Membership space at the bottom of this form, the credit union will enroll your business and/or owner(s), as applicable, in the American Consumer Council (ACC) at no cost to you. The information shared for your enrollment will be limited to name, mailing address, phone number, and email. *The IRS does not require your consent to any provision of the BMSA other than the certification required to avoid backup withholding (in Section 5 above).*

Name 1 REPRESENTATIVE Signature \_\_\_\_\_ Date \_\_\_\_\_ Name 2 Signature \_\_\_\_\_ Date \_\_\_\_\_ Name 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	CU Employee Name _____ ID Number _____	<input type="checkbox"/> Page 1 of 2 _____	<input type="checkbox"/> OOPP _____
	<input type="checkbox"/> OIC AIT _____ DP Name _____ DP Card(s) Order Date _____	Date _____	