



YOUR CREDIT UNION
 123 Main Street
 Yourtown, State 12345
 (123) 456-7890

BUSINESS ACCOUNT CARD

BUSINESS INFORMATION	
Business Name	Account No.
Street	
City/State/Zip	TIN
Phone ()	Password
State of Organization	Date Established

TYPE OF BUSINESS OR ORGANIZATION			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership

ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Living Trust:
<input type="checkbox"/> Share Certificate:	<input type="checkbox"/> Other:
* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. 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	
<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> ATM Card:
<input type="checkbox"/> Overdraft Protection (indicate transfer priority):	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	<input type="checkbox"/> Other:
<input type="checkbox"/> Audio Response:	

AUTHORIZED SIGNERS	
Owner 1	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone ()	Password
Work Phone ()	E-mail
Owner 2	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone ()	Password
Work Phone ()	E-mail

