



Business Signature Card

Business Information

Business Name: _____ TIN/EIN/SSN: _____

C/O Individual's Name & Title: _____

Address: _____ City/State/Zip: _____ Business Phone: _____

Home Phone: _____ Email: _____

Form of Organization (Check one)

- Sole Proprietorship**-One individual owns the unincorporated for profit business.
- Partnership**-(General Partnership, Limited Partnership, Limited Liability Partnership or Joint Venture) Two or more individuals and/or corporations own the unincorporated for profit business.
- Unincorporated Association**-A group of individuals own the unincorporated nonprofit business
- Limited Liability Company**-One or more individuals own the for profit business which has been organized as a Limited Liability Company under state law.
- Nonprofit Corporation**-One or more individuals or entities own the nonprofit business which has been incorporated under state law.
- Corporation**-One or more shareholders own the for profit business which has been incorporated under state law.
- Religious, Charitable, Educations Society**-A church, congregation or society formed for the purposes of religious worship, charitable and/or educational activity which has been incorporated under state law.
- Estate**-An entity established for the purpose of final distribution of estate assets by a court appointed executor.

Note: You must provide legal proof of the sole proprietorship, entity existence or estate.

Authorized Signature(s)

IMPORTANT: A Business Depository Resolution ("Resolution") must be completed and submitted to Fort Knox Federal Credit Union before the account(s) can be opened, and the person(s) authorized by the Resolution to act and sign for the organization must sign below. By signing the Business Signature Card, the undersigned represent that they are duly authorized to sign on behalf of the organization binding the organization to the provision, terms and conditions hereof and of the Business Deposit Account Agreement, Business Deposit Fee Schedule and Business Funds Availability Policy, which is incorporated herein by reference.

TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION: In addition, the undersigned certifies under penalty of perjury, that: (1) the tax identification number shown on this form is the Business' correct taxpayer identification number; and; (2) the Business is not subject to backup withholding because (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service that the Business is subject to backup withholding as a result of failure to report all interest or dividends, or (d) the Business has been notified by the IRS that the Business is no longer subject to backup withholding. **You must cross out item (2) if the Business has been notified by the IRS that it is currently subject to backup withholding because of under reporting interest/dividends on its tax return.**

Business Name: _____

By (Name/Title): _____ By (Name/Title) _____

Signature: _____ Date: _____ Signature: _____ Date _____

By (Name/Title): _____ By (Name/Title) _____

Signature: _____ Date: _____ Signature: _____ Date _____

Sole Proprietors: You must show the individual owner/proprietor's name on the Business Name line. On the second Name/Title line, you may enter the business name or "doing business as (DBA)". You may not enter only the business name. For the TIN, you may enter either the individual's SSN or the EIN of the business.

Business Name: _____

By (Name/Title): _____ Date: _____

Signature: _____ Date: _____