



Dear Business Owner,

Thank you for your interest in our Business Services Program and establishing membership with Pacific NW Federal Credit Union. This checklist has been provided to assist you through the process of gathering the necessary information for establishing membership and accounts with the credit union. Complete information will ensure proper handling of your request. Please provide the following information (as applicable):

- \_\_\_ 1. Business Account and Authorization Card
- \_\_\_ 2. Business Authorized Signer(s) Agreement (if applicable)
- \_\_\_ 3. Business Services Questionnaire
- \_\_\_ 4. Sole Proprietorship / Association:
  - a. Assumed Business Name Filing (if applicable)
  - b. IRS Taxpayer Identification Number Designation or copy of Tax Return (if applicable)
  - c. Copy of Driver's License for all signers
- \_\_\_ 5. Limited Liability Company:
  - a. Limited Liability Company Operating Agreement (signed copy)
  - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
  - c. Copy of Driver's License for all signers
- \_\_\_ 6. Corporation (For Profit, Not-for-Profit, Professional, Cooperative):
  - a. Articles of Incorporation and/or Bylaws (signed copy)
  - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
  - c. Copy of Driver's License for all signers
- \_\_\_ 7. Partnerships (General, Limited & Limited Liability):
  - a. Partnership Agreement (signed copy)
  - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
  - c. Copy of Driver's License for all signers

Thank you for the opportunity to assist you with your financial needs. If we may be of any further assistance, please contact us at:

Portland area	503-256-5858
Vancouver area	360-693-7368
Hood River area	541-387-4192
Toll-free	800-444-5858



Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_  
 Member #: \_\_\_\_\_

### Business Services Questionnaire

*Thank you for your time answering these questions about your business and for choosing PNW FCU.  
 Your responses will help us match you with the right products and services.*

**Please tell us about your business:**

How many owners or principles are there? \_\_\_\_\_  
 How many employees do you have? \_\_\_\_\_  
 How long have you been in this line of work? \_\_\_\_\_  
 What products/services do you produce? \_\_\_\_\_

What is your organizational structure:  
 Sole Prop  Corp  LLC  Partnership  
 Other \_\_\_\_\_

Where is your business located? \_\_\_\_\_  
 Do you have additional locations? \_\_\_\_\_

Does your business provide any of the following services? \*  No, we do not

<input type="checkbox"/> Cash checks	<input type="checkbox"/> Issue traveler's checks, money orders, negotiable instruments
<input type="checkbox"/> Currency deals or exchange transactions	<input type="checkbox"/> Sell or redeem traveler's checks, money orders, negotiable instruments
<input type="checkbox"/> Serve as a money transmitter	
<input type="checkbox"/> Internet Gambling	

**What banking products/services do you use currently:**

Savings  Checking  Money Market  Debit/ATM Card  Certificate of Deposit  
 Online Banking  Night Deposit  Merchant Processing Credit Card Services  
 Business Visa Credit Card  Business Line of Credit  Business Loan

**What are your business deposit needs:**

Do you require paper statements for your accounts:  Yes  No  
 Do you plan to use online bill payment:  Yes  No  
 How many checks do you write per month?  0 – 10  11 – 50  51 – 300  300+  
 What is your average balance monthly?  \$0 - \$500  \$501 – \$2.5k  \$2.5k - \$10k  \$10k+  
 When do you typically do your banking?  morning  afternoon  evening  
 Do you currently accept credit/debit cards?  Yes  No  
 If no, would you like to learn more about accepting credit/debit cards at your business?  Yes  No

**What is the volume of your business deposits:**

How many deposits do you make each month?  0 – 5  6 – 10  11 – 20  21+  
 How many checks are generally in each deposit?  0 – 5  6 – 25  26 – 50  51+  
 How much cash do you transact each month?  \$0 - \$500  \$501 – \$5k  \$5k - \$25k  \$25k - \$50k  \$50k+\*\*

**Additional Employer Services:**

Would you like our Financial Advisor contact you to provide a complimentary consultation about the employee benefits we offer?  Yes  No

Is your business already a PNW FCU Select Employer Group?  Yes  No  
 Would you like to learn more about the benefits of becoming a Select Employer Group?  Yes  No

When is the best time to reach you:  Morning  Afternoon  Evening

What brought you in to the credit union today?  
 Friend  Newspaper  Phonebook  Radio  Billboard  Other \_\_\_\_\_

*At Pacific NW Federal Credit Union.... Your Business is Our Business*

\* Required – if any of these boxes are checked do not open the account.  
 Complete the questionnaire and refer to business services department for further documentation and review.  
 \*\* PNW FCU does not have the capacity to properly serve businesses that transact \$50k+ in cash each month.

For internal use only: Please scan to Group Business  
 Date sent: \_\_\_\_\_ by \_\_\_\_\_ (Operator #)



**BUSINESS ACCOUNT AND AUTHORIZATION CARD**

**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. To comply with Federal law, we will ask you for your name, address, social security number and date of birth for all signers on an account opened with the Credit Union. We may also ask you for additional information to establish your identity, such as your driver's license or other identification.

**MEMBER/ACCOUNT OWNER INFORMATION**

<b>Account Owner Name</b>	<b>Member Number</b> (Credit Union assigned)	<b>Membership Eligibility</b>
<b>Assumed Business / Trade Name</b>	<b>State Organized</b>	<b>TIN/EIN</b>

**TYPE OF ENTITY**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership (check type below)	<input type="checkbox"/> Association/Club (Informal)
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> General	<input type="checkbox"/> Association/Organization (Incorporated)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corporation (Not-for-Profit)	<input type="checkbox"/> Limited Liability	

**BUSINESS CONTACT INFORMATION**

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Authorized Individual/Business Owner Contact Information**

Name		Position/Title		SSN/TIN
Driver's License Number	State Issued	Issuance Date	Expiration Date	Date of Birth
Address				Home Phone

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Name		Position/Title		SSN/TIN
Driver's License Number	State Issued	Issuance Date	Expiration Date	Date of Birth
Address				Home Phone

**AUTHORIZATION FOR SHARE/DEPOSIT ACCOUNTS**

WHEREAS on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, it has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with Pacific NW Federal Credit Union ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union;

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business or Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is/are designated as an Authorized Individual(s) to establish a depository relationship with Credit Union and is/are authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Individual(s) is/are vested with all power and authority described for an Authorized Individual in the Business Membership and Account Agreement. The Credit Union will be notified promptly and in writing of any change of the Authorized Individual(s) identified below, or any change in the ownership, legal structure, or management of the Business/Organization and upon any dissolution or bankruptcy of the Business/Organization. The Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Individual provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union of all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union take in good faith in reliance on the actual or facsimile signatures of an Authorized Individual, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least one (1) Authorized Individual(s) with respect to share or deposit accounts must appear on the appropriate document.

**ADOPTION BY VOTE OF GOVERNING MEMBERS**

**(Corporation, Incorporated Association/Organization)**

The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Signature Signature Signature

**ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS**

**(Sole Proprietorship, Limited Liability Company, Partnership)**

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certifies that he/she/they constitute all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Signature Signature Signature

**ACKNOWLEDGEMENT AND GUARANTEE BY WRITTEN CONSENT OF MEMBERS**

**(Informal Association or Club)**

The undersigned acknowledge the Organization as an informal association that has not been registered under applicable state or federal laws/regulations as an entity separate from its individual membership. Furthermore, the undersigned certifies that they personally guarantee any and all business conducted through this membership. The death or withdrawal of any person signed below shall not constitute a revocation of any guarantee or acknowledgement until the Credit Union is notified in writing of such death and the extent of any resulting revocation.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Signature Signature Signature

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that the number shown on this form is the Account Owner's correct taxpayer identification number, the Account Owner has been organized in the United States, and that the Account Owner is not subject to backup withholding because: (a) It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified the Account Owner that it is no longer subject to backup withholding.

- The Account Owner is subject to backup withholding.  
 The Account Owner is not a U.S. Person or Resident (applicable only to individual Account Owners and requires completed W-8 BEN or W-8 ECI form).

**AUTHORIZATION**

The signature of only one (1) authorized signer is required to transact business. See current Authorized Signer(s) Card on file with the Credit Union. If no Authorized Signer Card exists, then only one (1) signature of an Authorized Individual/Business Owner listed above is required to transact business. On behalf of the Account Owner, the undersigned applies for membership in the Credit Union and acknowledges receipt of and agrees to the terms of this Business Account and Authorization Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested. The Authorized Individual(s) signing below agree(s), jointly and severally if multiple signers, to the terms and conditions of the membership and account(s). The undersigned also agrees to promptly notify the Credit Union in writing of any changes to the information contained on this document and the Authorized Signer(s) Card.

***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Name (print):	Title:	Facsimile/Specimen Signature:
Name (print):	Title:	Facsimile/Specimen Signature:
Name (print):	Title:	Facsimile/Specimen Signature:
Name (print):	Title:	Facsimile/Specimen Signature:

**FOR CREDIT UNION USE ONLY**

Opened by: _____	ID Verification Complete <input type="checkbox"/>
Formation Documents Obtained: <input type="checkbox"/> Bylaws/Articles of Inc <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Other _____	
Reviewed by: _____	Comments: _____



## BUSINESS AUTHORIZED SIGNER(S) AGREEMENT

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT			
<p>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 signs on an account. To comply with Federal law, we will ask for name, address, social security number and date of birth for all signers on an account opened with the Credit Union. We may also ask for additional information to establish identity, such as driver's license or other identification.</p>			
MEMBER/ACCOUNT OWNER INFORMATION			
Account Owner Name		Member Number	
Assumed Business / Trade Name			
AUTHORIZED SIGNER INFORMATION			
<b>Authorized Signer 1</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
<b>Authorized Signer 2</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
<b>Authorized Signer 3</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
<b>Authorized Signer 4</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
<b>Authorized Signer 5</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
<b>Authorized Signer 6</b> (First, Middle Initial, Last Name)		SSN	Date of Birth
Home Address		Driver's License Number	DL State
AUTHORIZED SIGNER(S) AGREEMENT			
<p>On behalf of the Account Owner, the undersigned Authorized Individual(s) appoint the Authorized Signer(s) for the Account Owner. The Authorized Signer(s) are vested with the authority to transact business of any nature, including the following:</p> <ol style="list-style-type: none"> <li>1. Depositing, withdrawing and transferring funds into, out of and between one or more accounts in the name of the Account Owner;</li> <li>2. Signing drafts, checks and other orders for payment or withdrawal on accounts in the name of the Account Owner;</li> <li>3. Issuing instructions regarding orders for payment or withdrawal on accounts in the name of the Account Owner;</li> <li>4. Endorsing any check, draft, share certificate and other instrument or order for payment owned or held by Account Owner; and</li> <li>5. Receiving information of any nature about the account.</li> </ol> <p>The Credit Union has no obligation to inquire as to the use of any funds or the purpose of any transaction made by an Authorized Individual or Authorized Signer. The Credit Union is not responsible for any unauthorized transaction(s) made by an Authorized Individual or Authorized Signer. It is the Account Owner's responsibility to provide us with specimen signatures for all Authorized Individuals and Authorized Signers and to notify the Credit Union in writing of any changes by executing an Account Change Card.</p>			
Authorized Individual Signature:			
Authorized Signer 1 Facsimile/Specimen Signature:		Authorized Signer 4 Facsimile/Specimen Signature:	
Authorized Signer 2 Facsimile/Specimen Signature:		Authorized Signer 5 Facsimile/Specimen Signature:	
Authorized Signer 3 Facsimile/Specimen Signature:		Authorized Signer 6 Facsimile/Specimen Signature:	

FOR CREDIT UNION USE ONLY		
ID Verification Complete <input type="checkbox"/> System Updated <input type="checkbox"/>	Date: _____	Employee: _____
Review Complete <input type="checkbox"/>	Date: _____	Employee: _____

<b>DEPOSIT RATES</b>			
<b>PRODUCT</b>	<b>BALANCE REQUIREMENTS</b>	<b>ANNUAL PERCENTAGE RATE (APR)</b>	<b>ANNUAL PERCENTAGE YIELD (APY)</b>
Business Savings	\$500.00 to earn dividends	.10%	.10%
<b>Business Checking</b>			
Biz-e Free	None	N/A	N/A
Bronze	\$500.00 to waive \$5.00 service charge	.10%*	.10%
Gold	\$2,500.00 to waive \$10.00 service charge	.10%*	.10%
Platinum	\$10,000.00 to earn dividends	Refer to Money Market Rate Sheet for rates*	
Business Money Market	\$2,000.00 - \$9,999.00	Refer to Money Market Rate Sheet	
	\$10,000.00 - \$24,999.00		
	\$25,000.00 - \$49,999.00		
	\$50,000.00+		
Certificates of Deposit	Term in Months	APR Range	APY Range
	3	Refer to Certificate of Deposit Rate Sheet	
	6		
	12		
	18		
	24		
	36		
	48		
	60		

\*Interest paid on Business Checking Accounts is compounded monthly

<b>LOAN RATES</b>				
<b>PRODUCT</b>	<b>RATE TYPE</b>	<b>ANNUAL PERCENTAGE RATE</b>	<b>INDEX OR BASE RATE</b>	<b>MARGIN***</b>
Lines of Credit	Adjustable	Call for current rate	Prime Rate*	1.00%-6.00%
Term Loans	Fixed	Call for current rate	Prime Rate*	2.25%-3.50%
Real Estate	Fixed	Call for current rate	Treasury**	2.00%-5.00%
VISA Awards	Fixed	9.75%	N/A	N/A

**Business Loan/Line of Credit Features:**

Lines of Credit are revolving variable rate, with monthly interest payments and annual renewal period  
 Term Loans may be amortized up to 12 years, with rate and payment fixed for 5 years  
 Commercial Real Estate may be amortized up to 25 years, with rate and payment fixed for 5 years

\*Prime means the Prime Lending Rate as published in the Wall Street Journal

\*\*Treasury means the Weekly Average Treasury Constant Maturities 3-yr or 5-yr rate as published in Federal Reserve Bulletin H-15

\*\*\*Margin is determined after loan underwriting based on overall risk of loan

Rates are subject to change without advance notice.

<b>Business Checking Account Fees</b>		
Type of Account	Features	Monthly Service Charge
Biz-e Free Checking	10 checks cleared per month E-Statements required (free)	None
Bronze Business Checking	50 checks cleared per month Earns dividends	\$5.00 month Waived with \$500 average daily balance
Gold Business Checking	300 checks cleared per month Earns dividends	\$10.00 month Waived with \$2,500 average daily balance
Platinum Business Checking	Earns Tiered Money Market Dividends when \$10,000 average daily balance maintained Unlimited check clearing	\$20.00 month
<b>Other Business Services Fees</b>		
Check Clearing Charge	After established limit/per item	\$0.15
ATM Inquiries & Withdrawals	Non Co-Op Network Machines Surcharge by ATM owner may apply	\$0.50
Cashiers Checks	Payable to 3 <sup>rd</sup> party	\$3.00
Counter Checks	Per 12 – no charge with new checking account	\$2.50
Federal Tax Deposit	With coupon / per payment	\$20.00
Foreign Currency Deposit	Per non US currency type / per deposit	\$30.00
Night Depository	Secure, locked depository	\$20.00 1 <sup>st</sup> key; \$5.00 each additional key Non-Refundable
Plastic Card Replacement	7-10 day delivery time	\$10.00
Plastic Card Replacement w/ PIN	7-10 day delivery time	\$13.00
PIN Reissue	7-10 day delivery time	\$3.00
Special orders or Rush orders will incur additional shipping expense. Contact Credit Union for costs.		
Stop Payment	Check / ACH per stop Corporate check per item	\$20.00
Overdraft Fees	Per occurrence	\$30.00
Non-Sufficient Funds Fees	Per returned item	\$30.00
Return Items	Deposits returned unpaid / per item	\$20.00
Request for Copies	Member check / per item	\$2.00
	Member deposited item / per item	\$5.00
	Corporate check / per item	\$3.00
	Member check faxed copy / per item	\$10.00
	Visa draft / per item	\$6.50
Member Account Statement / per month	\$2.00	
Dormant Account	Savings account only, no activity for 12 months and balance at or below \$500	\$10.00 monthly
Account Reconciliation/Research	Per hour	\$15.00
Currency Fee	Currency straps only/per strap	\$0.50
Coin Fee	Rolled coin only/per roll	\$0.05
Collection Payment	Other institution Credit Card / ACH	\$15.00 / \$10.00
Money Order	Per Item	\$1.50
Wire Transfer	Domestic / per wire	\$12.00
	International / per wire	\$30.00
	Incoming / per wire	\$8.00
<b>Bill Payer Fees</b>		
Biz-e Free Checking	20 transactions per month	No Charge
Bronze Business Package	15 transactions per month	\$4.95
Gold Business Checking	25 transactions per month	\$2.95
Platinum Business Checking	30 transactions per month	No Charge
\$0.50 charge per transaction after established limit exceeded		
<b>Business Loan Fees</b>		
Application / Processing	Non Real Estate	\$250
	Real Estate	\$500
Charged at the time of application, non refundable, will be credited towards closing costs on approved loans.		
Loan Fee	Percentage of loan amount / per loan	1%
Loan package fee discounts available for loans underwritten and closed at the same time.		
Loan Rewrite Fee	Percentage of loan amount / per loan	½%-1% with \$500 minimum
Loan Renewal Fee	Per renewal	\$500
Documentation Fee	Varies by loan type	\$200 - \$500
Additional third party fees vary, will be paid by borrower and may include: Credit Report, Underwriting, Appraisal/Collateral Evaluation, Environmental Report and Title/Escrow expenses		