



Business Member # \_\_\_\_\_

## Add/Remove Authorized Signers Form – Business

**Business Account Owner/Officer** (Additions or deletions to Authorized Signers may **only** be done by a Business Owner listed on the application)

Business/Organization Name	DBA Name (if app)
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The Business authorizes the Business Owner(s) and the following named person(s) on behalf of the Business, to execute any document required by iTHINK Financial Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. Additions or deletions to Authorized Signers may **only** be done by a Business Owner listed on the application.

### Add/Remove Authorized Signer(s) – In Addition to Existing Signers on This Account

Add Authorized Signer  Remove Authorized Signer

Name: First	MI	Last	Social Security #
Current Member Yes No	Member #	Issue Business Debit Card? Yes No	

Products Authorized for:  
 All Accounts  All Savings Only  All Checking only  Account # \_\_\_\_\_ Only

**If not a current Member, provide the following information:**

Date of Birth (MM/DD/YY)	Driver's License or Government ID #	Expiration (MM/DD/YY)	U.S. Citizen? Yes No
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Residential Address

Home Phone	Work Phone	By providing your phone numbers, you are providing us with express consent to contact you via phone or text, including, the use of an automated dialing system.
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### CERTIFICATIONS

(Initial)	I certify that that the <b>Business Contact</b> information previously provided to the Credit Union remain true and accurate. Including the principle address, mailing address, phone numbers, emails, etc. I further represent and promise to promptly inform the Credit Union of any changes to contact information.
(Initial)	I certify that the <b>Beneficial Ownership</b> information previously provided to the Credit Union remain true and accurate. I further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened.

### AUTHORIZED SIGNATURES

I acknowledge that I have received and agree to be bound by any terms and conditions in this Application, and in the Account Disclosures or Fee Schedules, 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) of this legal entity secure payment of any account owner's obligations to the Credit Union.** 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 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 obtain information concerning any accounts with other institutions and your credit history, including any credit reports. You specifically consent that the Credit Union may report information concerning your account(s) and credit to others.

**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.**

Owner/Officer Signature	Printed Name	Date (MM/DD/YY)
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#### Authorized Signer required to sign when being added, but not when being removed

Authorized Signer Signature	Printed Name	Date (MM/DD/YY)
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