



**MISSISSIPPI  
FEDERAL  
CREDIT  
UNION**

PO Box 55889  
Jackson, MS 39296  
1-800-643-1567

# Business Account Agreement

New  Update Date \_\_\_\_\_ Are you a US Person:  Yes  No

**Important Account Opening Information.** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Account Type:**  Savings  Checking  Other \_\_\_\_\_  Other \_\_\_\_\_

## ACCOUNT OWNER INFORMATION

Name	
Member / Account Number	Other Trade or DBA Names

The specified ownership will remain the same for all accounts

<input type="checkbox"/> C Corp	<input type="checkbox"/> LLC (Limited Liability Company)	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Unincorporated Organization
<input type="checkbox"/> S Corp	Tax Classification:	<input type="checkbox"/> General	<input type="checkbox"/> Association / Club
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> C - C Corp	<input type="checkbox"/> Limited	<input type="checkbox"/> Trust / Estate
	<input type="checkbox"/> S - S Corp	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Other
	<input type="checkbox"/> P - Partnership		

## ACCOUNT INFORMATION

State Organized	EIN / TIN	Field of Membership	
Business License Number	Date Issued	Expiration Date	State Issued
Physical Address			
Mailing Address (If different from physical address)			
Business Phone	Other Phone	Email	Website
Nature of Business			

## PRINCIPAL / CONTACT INFORMATION 1

Name	Title / Position	SSN	DOB
Driver's License / State ID	Passport	Other ID	
Physical Address			
Mailing Address (If different from physical address)			
Email	Home Phone	Cell Phone	Work Phone

## PRINCIPAL / CONTACT INFORMATION 2

Name	Title / Position	SSN	DOB
Driver's License / State ID	Passport	Other ID	
Physical Address			
Mailing Address (If different from physical address)			
Email	Home Phone	Cell Phone	Work Phone



**MISSISSIPPI  
FEDERAL  
CREDIT  
UNION**

PO Box 55889  
Jackson, MS 39296  
1-800-643-1567

# Business Account Agreement

### PRINCIPAL / CONTACT INFORMATION 3

Name		Title / Position		SSN	DOB
Driver's License / State ID		Passport		Other ID	
Physical Address					
Mailing Address (If different from physical address)					
Email	Home Phone	Cell Phone	Work Phone		

### PRINCIPAL / CONTACT INFORMATION 4

Name		Title / Position		SSN	DOB
Driver's License / State ID		Passport		Other ID	
Physical Address					
Mailing Address (If different from physical address)					
Email	Home Phone	Cell Phone	Work Phone		

### SIGNATURE(S)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. **The undersigned agree to the by-laws of the credit union 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 herein.**

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

#### Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

**By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).**

**Taxpayer I.D. Number - TIN:** \_\_\_\_\_ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

**Backup Withholding.** I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipients.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

1. X \_\_\_\_\_ Date: \_\_\_\_\_ 2. X \_\_\_\_\_ Date: \_\_\_\_\_

3. X \_\_\_\_\_ Date: \_\_\_\_\_ 4. X \_\_\_\_\_ Date: \_\_\_\_\_