



Date: \_\_\_\_\_

**ACCOUNT CARD**

NEW  CHANGE /AUTHORIZED SIGNERS /ENTITY/OTHER

- Business Ownership -

PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED

<b>BUSINESS NAME:</b>	<b>ACCOUNT NUMBER</b>
-----------------------	-----------------------

**TYPE OF BUSINESS ENTITY**

Sole Proprietorship  
  Corporation  
  General Partnership  
  Limited Partnership  
  Unincorporated Association/Club  
 Limited Liability Company  
 Enter the tax classification (D=disregarded entity, C=Corporation, P=Partnership) → \_\_\_\_\_  
 EXEMPT PAYEE (CHECK HERE IF YOU ARE EXEMPT FROM BACKUP WITHOLDING )

<b>IDENTIFYING INFORMATION</b>	To help the government fight the funding of terrorism and money laundering activities, Federal law requires that we obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.
--------------------------------	---

**TYPE OF ACCOUNT**

Business Share Account  
  Checking \_\_\_\_\_  
  Other \_\_\_\_\_

**ORGANIZATION INFORMATION**

Organization / Business Name	Tax ID Number / Social Security Number
Mailing Address	City      State      Zip Code
Work Phone	Fax      Website
Street Address / City / State / Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box)	
Years in Business	

<b>ACCOUNT OWNER or AUTHORIZED SIGNER 1</b>	Name	Social Security Number	Date of Birth
	Home Phone	Work Phone	ID Type/ ID # /ID State      Issue Date      Exp Date
	Residence Street Address/City/State/Zip		

<b>ACCOUNT OWNER or AUTHORIZED SIGNER 2</b>	Name	Social Security Number	Date of Birth
	Home Phone	Work Phone/Ext	ID Type/ ID # /ID State      Issue Date      Exp Date
	Residence Street Address/City/State/Zip		

<b>ACCOUNT OWNER or AUTHORIZED SIGNER 3</b>	Name	Social Security Number	Date of Birth
	Home Phone	Work Phone/Ext	ID Type/ ID # /ID State      Issue Date      Exp Date
	Residence Street Address/City/State/Zip		

<b>ACCOUNT OWNER or AUTHORIZED SIGNER 4</b>	Name	Social Security Number	Date of Birth
	Home Phone	Work Phone/Ext	ID Type/ ID # /ID State      Issue Date      Exp Date
	Residence Street Address/City/State/Zip		

**AUTHORIZED SIGNATURES: Signatures of all authorized signers must sign in person or have their signature notarized on the Signature Card.**

1. _____ Signature      Date	3. _____ Signature      Date
2. _____ Signature      Date	4. _____ Signature      Date

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing above, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of **Carolina Trust Federal Credit Union** ("Credit Union"). I/we certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I/we also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants/authorized users authorize us to make inquiry to determine the entity's and/or your employment history and to obtain information concerning any accounts with other institutions and all party's credit history, including any credit reports. Applicants/Users specifically consent that the Credit Union may report information concerning their account(s).services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the entity listed above.

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. 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.**

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:** Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**ACKNOWLEDGEMENT OF DISCLOSURES**

My initials below indicate that I (we) have received the following:

Information on Your Account (Including Fees and Charges). \_\_\_\_\_ Rules and Regulations for Depositors and Deposit Accounts. \_\_\_\_\_  
 Schedule of Fees and Charges for Accounts. \_\_\_\_\_

**BACKGROUND INFORMATION- efunds/OFAC Verification**

Referred by: \_\_\_\_\_ Prior Bank Relationship: \_\_\_\_\_  
 eFunds/Qualfile Verification #1 [ ] eFunds/Qualfile Verification #2 [ ] eFunds/Qualfile Verification #3 [ ] eFunds/Qualfile Verification #4 [ ]

**CREDIT UNION NOTES**

Account Opened:  In Person  By Mail  Other: \_\_\_\_\_

Member/Owner/User Identification Verified via:

- |   |                                       |   |                    |
|---|---------------------------------------|---|--------------------|
| 1. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 2. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 3. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 4. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |

**DOCUMENTATION RECEIVED/VERIFIED (CREDIT UNION USE ONLY)**

Sole Owner/Proprietorship:		General Partnership:	
Business License	[ ]	Tax Identification Number (TIN)	[ ]
Certification of Tax ID or Social Security Number	[ ]	Business License	[ ]
Copy of Driver's License for all Authorized Signers	[ ]	Partnership Agreement	[ ]
Corporations:		Limited Partnership/Limited Liability Partnership:	
Tax Identification Number (TIN)	[ ]	Tax Identification Number (TIN)	[ ]
Business License	[ ]	Business License	[ ]
Articles of Incorporation	[ ]	Assumed Name Certificate (Limited Partnership, if applicable)	[ ]
Corporate Resolution for authorized signers.	[ ]	Limited Partnership Agreement with all amendments	[ ]
Minutes of meeting stating instructions to open account	[ ]	Certificate of Limited Partnership OR Ltd. Liab. Partnership	[ ]
Certificate of Good Standing from Secretary of State	[ ]	Certificate of Good Standing from Secretary of State	[ ]
Copy of Driver's License for all Owners/Authorized Signers	[ ]	Copy of Driver's License for all Owners/Authorized Signers	[ ]
Limited Liability Co.:		Associations/Organizations:	
Tax Identification Number (TIN)	[ ]	Tax Identification Number (TIN)	[ ]
Business License	[ ]	Business License	[ ]
Articles of Organization (LLC-1)	[ ]	Articles of Incorporation,if applicable	[ ]
Operating Agreement	[ ]	Certificate of Good Standing (if applicable)	[ ]
Corporate/Organization Resolution for authorized signers.	[ ]	Minutes-authorizing signers & confirming non-profit status	[ ]
Certificate of Good Standing from Secretary of State	[ ]	Certified Copy of Resolution	[ ]
Copy of Driver's License for all Owners/Authorized Signers	[ ]	Copy of Driver's License for all Owners/Authorized Signers	[ ]



*Owners Serving Owners – That’s the Credit Union Difference*

(843/888) 448-2133      www.carolinatrust.org

Myrtle Beach / Conway / Surfside Beach / Johnsonville / Lake City

**MEMBER BUSINESS / ORGANIZATION AND RESOLUTION AGREEMENT**

1. Business/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_

2. The undersigned hereby certify that the above-named Business/Organization ("Entity") is duly organized and existing under the laws of the State of \_\_\_\_\_ as a: (check one of the following).

- Corporation
- Association/Non-profit Organization
- Sole Proprietorship
- Partnership
- Other (Describe):

Further, the undersigned are duly authorized to execute this Resolution and Agreement on behalf of said Entity.

3. The undersigned, under the penalty of perjury, hereby certify that the organization described is validly organized under applicable law and is in "good standing"; and that at a meeting of the Board of Directors, Trustees, Members or Partners, at which a quorum was present (if applicable), the duly authorized and governing body of this Entity adopted the following resolution, which in all respects, is in conformity with the rules, agreements, by laws or articles of incorporation of this Entity.

**ACCOUNTS AND ACCOUNT SERVICES:**

RESOLVED, that Carolina Trust Federal Credit Union is designated a depository institution of this Entity and is authorized to recognize the signature(s) of any person designated below, who has signed a Signature Card for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with Carolina Trust Federal Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, safe deposit box leases and all other services offered to members] which authority will remain in full force and effect until Carolina Trust Federal Credit Union receives further instructions in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized.

FURTHER RESOLVED, that this Entity agrees that all accounts will be governed by the terms and conditions set forth in Carolina Trust Federal Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing Carolina Trust Federal Credit Union or any account.

IT IS FURTHER RESOLVED that the authorized person(s)/signature(s) on the Resolution will supplement and govern with regard to the person(s) authorized to sign and transact any business on the entity's accounts with the Credit Union. The Credit Union may, in its sole discretion require new signature card(s) be executed any time the entity changes the authorized person(s)/signature(s); which changes must be submitted in a written document that is accepted by the Credit Union before any such change will be effective.

**LOANS AND PLEDGE OF PROPERTY:**

RESOLVED, that any of the following named persons are authorized to make loans in the name of the entity described herein, upon such terms and conditions as they may determine; and to make and execute and deliver promissory notes to evidence said organizations obligations of repayment with respect to all sums so borrowed, and to execute and deliver security agreements, pledges and assignments of all kinds and any other instruments whether of obligation or hypothecation that may be necessary or appropriate in the implementation of the borrowing authority hereby conveyed. And it is,

**FURTHER RESOLVED, That any of the following named persons are authorized to make, execute and deliver any security agreements, pledges, or assignments of all kinds ( including but not limited to any of the real or personal property of the entity described herein ), for any purpose including but not limited to hypothecating or pledging the entity's property or other assets to secure any obligation or promise of any person, including any of the Authorized Persons described herein.**

**The Credit Union has no obligation to make inquiry into the purpose of any hypothecation or pledge of the entity's property or other assets under any circumstances whatsoever; and will be entitled to rely on the authority set forth herein, with this authority granted with the intent to cause the Credit Union to so rely.**

**Authorized Person(s)**

- 1. \_\_\_\_\_ Title: \_\_\_\_\_
- 2. \_\_\_\_\_ Title: \_\_\_\_\_
- 3. \_\_\_\_\_ Title: \_\_\_\_\_
- 4. \_\_\_\_\_ Title: \_\_\_\_\_

**Corporation**

In witness whereof, the Undersigned corporation has hereunto set his/her hand as secretary and affixed the corporate seal this

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Secretary* (Seal)

**Partnership**

The Undersigned partnership certifies that all partners have signed below or the partner signing below has the full authority to bind the partnership and further certifies that this partnership is not a limited partnership, and executes this Agreement under seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
*Partner* (Seal) *Partner*

By: \_\_\_\_\_  
(Seal)

By: \_\_\_\_\_  
*Partner* (Seal) *Partner*

By: \_\_\_\_\_  
(Seal)

**Limited Partnership**

The Undersigned limited partnership and general partner thereof certify that the partner signing below as general partner has full authority to bind said partnership, and executes this Agreement under seal, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Name of Limited Partnership, a limited partnership* (Seal)

organized under the laws of the State of \_\_\_\_\_

By: \_\_\_\_\_  
*General Partner* (Seal)

**Sole Proprietorship/Other**

If other than a corporation or partnership, the Undersigned represents and warrants, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that: (1) The accounts and services requested are intended for the benefit of a sole proprietorship, and the undersigned is the sole owner of the entity; and (2) that there are no other owners or persons with any interest in said entity.

\_\_\_\_\_  
*Name of Entity (Proprietorship)* (Seal) \_\_\_\_\_  
Witness

By: \_\_\_\_\_  
*[Signature of person signing on behalf of Entity].* Title: \_\_\_\_\_

**Owners of Organization/Business  
(To determine Membership Eligibility of Organization)**

All owners signing below warrant and represent that they are all of the owners of the organization or business identified in Section 1., on page one of this document, and that they consent and agree to the terms set forth on page one of this Resolution and Agreement.

All Owners:

Membership Eligibility:

_____	_____
_____	_____
_____	_____
_____	_____

OPTIONAL PROVISION TO ADD FOR POSSIBLE TRANSACTIONS BY A SMALL ENTITY VIA A MEMBER'S PERSONAL ACCOUNT(S)

***Authorization for Deposits of Business/Corporate Items to Personal Account to Facilitate Business Needs***

***The corporation/entity named herein hereby authorizes the Credit Union to accept and deposit, cash or process any items payable to the corporation/entity as directed by the authorized person(s) including deposit into the personal account(s) of the authorized person(s) or as directed by the authorized person(s); and hereby releases the Credit Union and all officers, directors and employees of the Credit Union from any and all claims, demands, damages, actions, causes of actions, suits at law, or suits in equity, of whatsoever kind or nature, past, present or future, known or unknown, incurred or to be incurred, with regard to any action the Credit Union undertakes in reliance on this authorization.***