



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Account Agreement

General Information

Business Name/Legal Entity: _____
 Business Member Number: _____ Business Tax ID: _____

Business Information

Account Type: _____ Account Purpose: _____
 Description of Business Operations: _____ Account Number: _____

Certification of Beneficial Owners

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns equity interests of the legal entity listed above:

Owner #1 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #2 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #3 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #4 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #5 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #6 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #7 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner #8 Name: _____ Title: _____
 Date of Birth: _____ % Ownership: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____

Certification of Beneficial Owners continued			
Control Person			
The following information is for one individual with significant responsibility for managing the legal entity listed above:			
Name: _____	Date of Birth: _____	SSN: _____	
Address: _____	City: _____	State: _____	Zip: _____

Certifications and Agreements	
Income Tax Withholding Certification:	
Under penalties of perjury, by the signature(s) below, I/we certify that:	
1) The number shown on this form is the account owner's correct taxpayer identification number	
2) The account owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as 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	
3) The account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien)	
4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct	

Exemptions	
Exempt payee code (if any): <input type="checkbox"/>	Exempt from FACTA reporting code (if any): <input type="checkbox"/>

Certification Instructions:
You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
USA PATRIOT ACT:
To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions to 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, Taxpayer Identification Number (TIN) (usually your Business Tax ID or Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

I, _____, an individual acting on behalf of and with the authority from the Business referenced above, apply for the above account at ESL Federal Credit Union (ESL) and agree to be bound by the rules applying to the Disclosure Terms and the by-laws of ESL, both as amended from time to time. A copy of the Disclosure Terms and by-laws have been furnished to me.
I, _____, hereby certify, to the best of my knowledge, that the information provided in the Certification of Beneficial Owner(s) section above is complete and correct.
ACH Transaction Authorization:
If applicable, I hereby authorize ESL Federal Credit Union to initiate a debit entry to my account at the institution indicated below for my account funding and this authorization will remain in effect until I revoke authorization by verbal request in such a manner to afford ESL reasonable opportunity to act upon it.
Financial Institution Transit / ABA Number: _____ Account Number: _____
Account Type: _____ Deposit Amount: _____

Business Owner / Officer / Account Signer #1 Name: _____
Title: _____ SSN: _____ Date of Birth: _____
ID Type: _____ ID Number: _____ Expiration Date: _____
Signature: _____ Date: _____

Account Signer #2 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #3 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #4 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #5 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #6 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #7 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #8 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____