Business/Organization Service Agreement



1178 NYS Route 9N Ticonderoga, NY 12883 PH: 518-585-6725 TF: 888-TFCU-NOW www.tfcunow.com

BUSINESS or	ORGANIZATIO	N INFORMATION								1	
Name of Business or Organization						Phone Number(s	Phone Number(s)		NAICS Code		
Address		City		State ZI	[P	Taxpayer ID Num	nber	E-mail			
Mailing Address (if different from Add	ress) City		State ZI	[P	Type of Business	/Org.	Registration/License N	No. Con	npany Password	
ACCOUNT(S)		Savings	_ Che	ecking	. 🗆]			2	
SERVICE(S)	Debit Card	Audio Resp	onse	Online B	Banking	Overdraft Prot	tection	Courtesy Pa	У	3	
REPRESENTA	TIVE(S) INFO (A	representative (an "account ho	older" in our data	processor) may st	tart, conduct tran	sactions, change, add and ten	minate an a	account, product or service for the	ne business o	or organization.) 4	
Representative	1 Name	Title	Address				City		State	ZIP	
Home Phone	Mobil	e Phone	Social Sec	curity Number		Date of Birth	E-mail	Address			
ID Type	Identification - Stat	e, Number & Issue and	l Evn. Date	Employer/Re	etired From		Occup	ation/Profession	Mother	's Maiden Name	
ів турс	Tuentineation State	e, Number & 133de une	LXP. Date	Linployer/ik	ctirca rroin		Оссир	adony rolession	House	3 Maiden Name	
Representative	2 Name	Title	Address				City		State	ZIP	
Home Phone	Mobil	e Phone	Social Sec	curity Number		Date of Birth	E-mail	Address			
ID Type	Identification - State	e, Number & Issue and	l Exp. Date	Employer/Re	etired From		Occupa	ation/Profession	Mother	's Maiden Name	
Representative	3 Name	Title	Address				City		State	ZIP	
Home Phone	Mobil	e Phone	Social Sec	curity Number		Date of Birth	E-mail	Address			
ID Type	Identification - Stat	e, Number & Issue and	l Exp. Date	Employer/Re	etired From		Occupa	ation/Profession	Mother	's Maiden Name	
										5	
Beneficial Owne	er 1 Name Title	Date of Birth	Social Sec	curity No. Ad	dross/City/S	tate/7IP		<u>ID</u>			
Identification Numified by the IRS that I am subject to ACKNOWLED and conduct transaservices selected of	ber (EIN) shown is my at I am subject to back be backup withholding GMENT The busine actions according to ou on this Part 1 form, and	//the correct identification rup withholding as a result ess or organization is or a r Business Service Agree d acknowledge receiving	n number and ult of a failure Exempt applies to be sement (the BS or being offer	d (iii) I am NOT to report all div (Exempt Payee a member of Tic SA Parts 1 & 2) red the Part 2 of	r, unless desividends or inter- Code conderoga Fe The busines of the BSA, wh	gnated below, subject to erest, or because the IRS) deral Credit Union ("we", s or organization and its ich includes the Electroni	backup v S has not I am , "us" & "o represent ic Funds 1	S person, (ii) the Social Sec withholding because I am tiffied me that I am no long not a United States citized bur"), and authorizes its re Transfer, Funds Availability ested us to do so. To ident	ger subject of or reside presentative quest the a	r I have not been noti- to backup withholding. nt (complete W-8 form) re(s) to take actions 8 accounts, products and & Charges disclosures	
service, we may re the business, orgal from you. You affin accounts, products and you may make business hours and 1. Authority of a designated authori change, add or ter about accounts, pr or services. You m complete and corre employee, board/c 2. Certificate of A written notice othe change occurs, an business and agre liability that results consent to and acc	view and image your or ization or representation and information you possible. Services and other as e changes and addition of Part 2 from our webs Representative. You at your description of the busine or or oducts and services you call, email or write used name of the busine ommittee person, volu uthority & Liability. Yrwise. A representative d you agree that we are to notify us before efform the acts of any suracy of the BSA, we	urrent identification, and wes to verify your eligibilit rovide is accurate, and the spects of your relationship is to a Part 1 form as we ite at your convenience. You agree that each represent thority & Liability below a ucts and services, on be on have or that we may contend the services of these calls so or organization to be unteer, fiduciary and other than the services of any core not liable for any lossing aging in any such busing agging in any such busing any require a Part 1 to be may require a Part 1 to be serviced.	note the bene y for member hat this Part 1 b with us. You allow, and th You may start tative named nd as explain shalf of the bu offer. Calls may s. You affirm t issed for the ar a authorized p that the auth hange to any es due to the iness in the fu centative upoue e notarized or	eficial owners an ship and accour I has been complete we may been completed agree we may be ose changes and the manner of the ma	nd control persits, products a pleted accord pleted accord rely solely on additions a ew, change, a e BSA is auth of the BSA. Y nization. If yo dialed, prerect (s), product(s), cot(s) and sen crepresentativousiness (incly notify us of each represer a before notice and re-signed and re-signed according to the product ac	son of the business or organd services we may offer ing to your instructions. You have be binding on you. You mad or terminate an accoulorized to act on behalf or ou understand a represer un provide us with a mobiored or artificial voice call and service(s) with us a vice(s) with us. Each office is that the business or or se named on Part 1 and a uding beneficial owners such changes. You certificative understand and age of any change to an act By signing or authorizing	ganization r. To servey You under ligation to nay call us int, produc of you for ntative ma ile phone alls. This ore for the cer, director granization ddressed or the cor y the bus gree to in ccount, pr g this Par	ested us to do so. To Idenia. We may also obtain and be your currency needs, we retand the BSA governs morely on any other docume is with questions or obtain ct, service or membership the accounts, products a ay conduct transactions on number, you agree we monthly on the properties of the product of the business or organization, or, shareholder, partner, pron has been duly formed a lin Part 2 of the BSA will mentiol person) or organization does demnify us against and horduct or service or the but of 1, by using an account, in required to avoid backup and requi	use credit may require embership ntation. Was a copy of a tany time nd service a nd take a ay text or membersl and that the incipal, own nd currentle emain in fuon that affices not engaged to the composition of the corrections of the correct	and account reports on e additional information and current and future e may change the BSA, the BSA from us during a according to the BSA. It is according to the BSA is with us based on the action to start, maintain, call you at that number hip, accounts, products the name provided is the ner, member, manager, yes the BSA when the ge in internet gambling less from any claim or organization. To assure service, or by receipt or	
Representative 1 Sig	anature	Representative	2 Signature		Repre	esentative 3 Signature		I agree to be re	emoved as a	Representative	
	-	/ of	-	otary	•	<u>-</u>	_	-			
This Agreement	was signed before m	e on		,	oires		_				
by Name(s) of Repr	resentative(s)										
OFFICE								Page 1 of 2		9	
USE CU E	mployee Name	ID N	Number					_ ·	Date		