Business Service Agreement
Part 1

Greater Alliance Federal Credit Union
A Greater Way to Bank

40 West Century Road
Paramus, NJ 07652
P: 201-599-5500 F: 201-599-5505
Toll Free: 888-554-2328
www.greateralliance.org

BUSINESS or ORGANIZATION INFORMATION

Name of Business or Organization | Phone Number(s) | NAICS Code

Address | City | State | ZIP | Taxpayer ID Number | E-mail

Mailing Address (if different from Address) | City | State | ZIP | Type of Business/Org. | Registration/License No. | Company Password

ACCOUNT(S) ☐ Savings ☐ Checking ☐ _____ ☐ _____ ☐ _____

SERVICE(S) ☐ Debit Cd ☐ ATM Cd ☐ Telephone Banking ☐ Online Banking ☐ Mobile Banking ☐ eStatements ☐ Bill Pay ☐ Direct Deposit

REPRESENTATIVE(S) INFO (A representative (an "authorized signer" in our data processor) may start, *conduct transactions*, change, add and terminate an account, product or service for the business or organization.)

Representative 1 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 2 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 3 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Beneficial Owner 1 Name | Title | Date of Birth | Social Security No. | Address/City/State/ZIP | ID

TAX INFORMATION CERTIFICATION

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ *I am subject to backup withholding* ☐ *Exempt (Exempt Payee Code _____)* ☐ *I am not a United States citizen or resident (complete W-8 form)*

ACKNOWLEDGMENT

The business or organization is or applies to be a member of Greater Alliance Federal Credit Union ("we", "us" & "our"), and authorizes its representative(s) to *take actions* and *conduct transactions* according to our Business Service Agreement (the BSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Charges disclosures (and which, along with *our records*, comprise the *terms* of the BSA). Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization or representatives to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BSA and have no obligation to rely on any other documentation. We may change the BSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BSA.

1. Authority of a Representative. You agree that each representative named in Part 1 of the BSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as explained in the Part 2 of the BSA. You understand a representative may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, on behalf of the business or organization. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to a representative named on Part 1 and addressed in Part 2 of the BSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BSA. *The IRS does not require your consent to any provision of the BSA other than the certification required to avoid backup withholding* (in Section 7 above).

Representative 1 Signature | Representative 2 Signature | Representative 3 Signature

I agree to be removed as a Representative

OFFICE USE ONLY

CU Employee Name | ID Number | Field of Membership | ☐ Page 1 of 2 | Date

☐ O|C|A|T _____ Referred By _____ ☐

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ACCOUNT(S) ☐ ☐ ☐ ☐ 2

REPRESENTATIVE(S) INFO (A representative (an "authorized signer" in our data processor) may start, *conduct transactions*, change, add and terminate an account, product or service for the business or organization.) 4

Representative 4 Name | Title | Address | City | State | ZIP | C | O

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 5 Name | Title | Address | City | State | ZIP | C | O

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 6 Name | Title | Address | City | State | ZIP | C | O

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

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Beneficial Owner 2 Name | Title | Date of Birth | Social Security No. | Address/City/State/ZIP | ID | C | O

Beneficial Owner 3 Name | Title | Date of Birth | Social Security No. | Address/City/State/ZIP | ID | C | O

Beneficial Owner 4 Name | Title | Date of Birth | Social Security No. | Address/City/State/ZIP | ID | C | O

☐ **TRANSACTOR or** ☐ **INFORMATION USER** (A transactor may *conduct transactions*, & an information user may access information, on behalf of the business or organization) 6

Transactor or Information User Name | Title | Address | City | State | ZIP | C | O

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

ACKNOWLEDGMENT The business or organization is or applies to be a member of Greater Alliance Federal Credit Union ("we", "us" & "our"), and authorizes its representative(s) to *take actions* and *conduct transactions* according to our Business Service Agreement (the BSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Fee/Charges disclosures (and which, along with *our records*, comprise the *terms* of the BSA). Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization, representatives, transactors and information users to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BSA and have no obligation to rely on any other documentation. We may change the BSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BSA. 8

1. Authority of a Representative, Transactor and Information User. You agree that each representative, transactor and information user named in Part 1 of the BSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as explained in the Part 2 of the BSA. You understand a representative may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, a transactor may *conduct transactions on* accounts, products and services, and an information user may access information about accounts, products and services, on behalf of the business or organization. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to a representative, transactor and information user named on Part 1 and addressed in Part 2 of the BSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative, transactor and information user understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative, transactor and information user upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BSA. *The IRS does not require your consent to any provision of the BSA other than the certification required to avoid backup withholding* (in Section 7 on page 1).

Representative 1 Signature | Representative 2 Signature | Representative 3 Signature | Representative 4 Signature

Representative 5 Signature | Representative 6 Signature | Transactor or Information User Signature | I agree to be removed as a Rep, Transactor or Info User

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OFFICE USE ONLY

CU Employee Name | ID Number | Field of Membership | This is Page 2 of the BSA Part 1 | Date

☐ O|C|A|T | Referred By ☐

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