

## Application For Business/Organization Account Or Services

Union National Bank    101 E. Chicago Street, Elgin, IL 60120    847-888-7500    Fax 847-888-2662    Member FDIC

Account # \_\_\_\_\_

**Please Complete All Information:**

Business/Organization Full Legal Name \_\_\_\_\_  
 Assumed/Trade Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Tax ID \_\_\_\_\_ Date Established \_\_\_\_\_ Primary Business \_\_\_\_\_  
 1099s Are Issued Under This Tax ID. Backup Withholding:  Am Not Subject To It<sup>1</sup>  Exempt<sup>2</sup>  Nonresident Alien<sup>3</sup>

**Business/Organization Structure And Authorized Signers- Select One And Complete Signature Section:**

Sole Proprietorship     Partnership     Limited Liability Company     Corporation     Lodge/Association/Not-For-Profit/Or Similar  
 Employee Benefit Trust     Other \_\_\_\_\_

Authorized Signer Names - Please Print	Title	Mother's Maiden Name		Signature* - If Facsimile Signature Authorized, Initial Box To Left Of Signature
1)				X
2)				X
3)				X
4)				X
5)				X
6)				X
7)				X
8)				X
9)				X
10)				X

Check Box If More Than 1 Signature Required To Withdraw. Number Required \_\_\_\_\_.

Special Signature Instructions \_\_\_\_\_

**REQUIRED:** Under Penalty Of Perjury, I Certify That The Above Signers Are Authorized To Sign On Behalf Of This Business/Organization.

\_\_\_\_\_ Certifying Official Initials Here If These Signers Replace **All** Authorized Signers On Account Or Box # \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Signature\* X \_\_\_\_\_ Date \_\_\_\_\_

**Deposit Account Type - Select One:**

Business Checking (075)     Business NOW (076)     Business Money Market (097)     Classic Business Savings (085)  
 Superior Business Savings (087)     1 Month CD (090)     2 Month CD (058)     3 Month CD (094)     6 Month CD 096)     12 Month CD (093)  
 Custom Term of \_\_\_\_\_  Days or  Months (091)

For CD, Select One:     Add Interest To Balance     Send Interest Check     Credit Union National Bank Account \_\_\_\_\_

For CD, Select One:     Monthly Interest     Quarterly Interest     Interest At Maturity(Available only if term is 12 months or less.)

**Opening Information - Bank Use:**    Account Number \_\_\_\_\_    Date Opened \_\_\_\_\_    By \_\_\_\_\_

Initial Deposit \$ \_\_\_\_\_    Initial Rate \_\_\_\_\_    Initial APY \_\_\_\_\_    Initial Maturity \_\_\_\_\_

Source \_\_\_\_\_    Reason \_\_\_\_\_

**ATM Card For The Above Account:**

Cash Station ATM Card - Available Only For Deposit To Checking, NOW, Savings And Money Market Accounts. No Withdrawals.

**Safe Deposit Box Lease:**

All boxes 22" long. Box height/width:     3x5 (1)     3x11 (2)     5x5 (7)     4x11(3)     5x11(8)     10x11(4)     10x15 (5)     10x16 (6).

Union National Bank Deposit Account To Debit For Automatic Rental Payments \_\_\_\_\_

Bank Use: Box Number \_\_\_\_\_ Rent Payment Received \$ \_\_\_\_\_ Key Deposit Received \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

\*Signatures. My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I agree to be bound by them. **Substitute W-9 Certificate.** <sup>1</sup>Under penalties of perjury, I certify that my Social Security/Tax ID number listed on this form is correct, and that I am not subject to backup withholding as a result of a failure to report all interest and dividends or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding. <sup>2</sup>I am an exempt recipient under the Internal Revenue Service Regulations. <sup>3</sup>I am not a United States person, and I am not a citizen nor a resident of the United States. (w:\docs\disclose\commapp.doc) 04/14/08 11:17:08 AM

**White Copy - Bank Permanent    Yellow Copy - Customer Copy    Pink Copy - Bank Temporary**