



## ACCOUNT DESIGNATION FORM

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:**

To help the government fight the funding of terrorism and 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 your name, address, date of birth, and other information that will allow us to identify you. We may also ask you to provide your driver's license or other identifying information.

### **1. Account Ownership**

<b>Personal Ownership Type (check one)</b>			
<input type="checkbox"/> Individual Account	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Custodial Account	<input type="checkbox"/> Other

<b>Organizational Ownership Type Accounts (check one)**</b>	<b>FOR CREDIT UNION USE ONLY: Organization Number</b>
<input type="checkbox"/> Club Account	
<input type="checkbox"/> Business Account	
<input type="checkbox"/> Estate Account	
<input type="checkbox"/> Irrevocable Trust Account	
<input type="checkbox"/> Doing Business As (DBA) /Sole Proprietorship Account	
<input type="checkbox"/> Revocable Living Trust Account	
<input type="checkbox"/> Other	

<b>Account Owner(s) Information</b>	<b>Member Number</b>	<b>Member Name</b>
Primary Owner		
Joint Owner/Authorized Signer		
Joint Owner/Authorized Signer		
Joint Owner/Authorized Signer		

*\*\*Some services are not available for Organizational Ownership Type accounts. Consult with a Member Relations Representative.*

### **2. Product Selection**

<b>Account Type</b>	<b>Account Number (For Credit Union Use Only)</b>
Choose all that apply:	
<input type="checkbox"/> Savings	
<input type="checkbox"/> Money Management Savings	
<input type="checkbox"/> Checking or	
<input type="checkbox"/> Money Management Checking	
<input type="checkbox"/> Share Certificate Account	

To open more than one savings account or share certificate account, indicate your preference below.	
<input type="checkbox"/> Savings	
<input type="checkbox"/> Money Management Savings	
<input type="checkbox"/> Share Certificate Account	
Special Instructions:	

### 3. Service Selection

I would be interested in hearing more about the following services for my checking account:

<input type="checkbox"/> Debit Card	<input type="checkbox"/> Checks	<input type="checkbox"/> Overdraft Services	<input type="checkbox"/>
Online Banking			

### 4. Agreements & Signatures

The terms “you” and “your” refer to all persons who sign and are designated as owners or authorized signers on this Account Designation Form. By signing below, you, acknowledge and agree; (1) that the information provided is accurate, complete and true; you have instructed BFSFCU as to the proper title of the account and we may rely on the information in our dealings with you, now and in the future; (2) that BFSFCU may receive information about your credit history and performance from others, including credit reporting agencies; (3) to the terms and conditions contained in this Account Designation Form and any previously executed Membership or Organization Membership Application/Signature Card; (4) that you have received, reviewed, agree to the terms and will retain for your records the Share Account Agreement, Truth-in-Savings Disclosure, Privacy Policy, Funds Availability Policy, Electronic Funds Transfer Disclosure, Fee Schedule and any Special Account or other separate Account Service Applications or Agreements, all of which may be amended from time to time; (5) that issuance of each ATM or Debit Card or other access device selected in the Service Selection section is specifically requested.

If you are establishing an Organizational Account, whether you are an officer, trustee, custodian, administrator, representative payee, or other entity separate from the account owner(s), you certify that you, are authorized to transact, request and cause changes to be implemented on the above account(s), request additional products and services with BFSFCU, and take all actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BFSFCU. Any action hereto taken by you is hereby ratified and confirmed by the account owner. Unless and until BFSFCU is given written notice to the contrary, any one of the undersigned shall have full power and authority to act on your behalf. It shall not be necessary for BFSFCU to inquire further into your powers or powers of your officers, directors, partners, managers, members, or agents purporting to act on your behalf.

**By signing below, I understand that if I choose to have access to Online Banking and Remote Services I will have simultaneous access to my personal accounts and the fiduciary account on which I am authorized signer, and BFSFCU shall have no liability for my transactions resulting in commingling of funds and we have no duty to inquire as to the use or purpose of any transactions.**

Account Owner(s) Name	Signature	Date (MM/DD/YYYY)

