



Business/Organization Application

Share and Share Draft Agreement and Disclosures

Account Number: _____

Name of Business/Organization

Federal Taxpayer Identification Number (EIN)

Type of Business/Organization

Principal Activities of the Business

Do the activities of this business involve internet gambling?

No Yes (Please attach permit, registration or any other documentation that proves authority to engage in these activities.)

Date Business/Organization was established or incorporated

Document(s) Provided to Verify Business [Articles of Incorporation, Partnership Papers, etc]

Street Address (No PO Boxes please)

City/State/Zip

Mailing Address (if different than above)

City/State/Zip

Phone Number

Fax Number

E-mail Address

Web Site

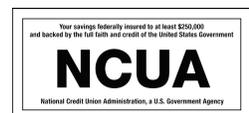
AUTHORIZED SIGNERS on the above mentioned account:

Please Print Your Name

Signature

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

By signing above, I/we agree to the terms and conditions of the Membership and Account Agreement (below), Truth in Savings Rate and Fee Schedule, Funds Availability disclosure (if applicable) and to any amendment MidWest Financial Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services herein. If an access card to an EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of Electronic Funds Transfer Disclosure. The Credit Union reserves the right to obtain a credit history on all parties prior to opening an account.



ACCOUNT TERMS AND CONDITIONS

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholdings, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you are subject to backup withholding or cross out item 3 if you are not a U.S. person and complete a W-8 form.

Account Disclosures

By signing below, I/we request that the Credit Union open an account and agree to conform to its bylaws and/or any amendments hereto. I/we also agree to the following items:

All sums paid into this account, as shares or deposits and all accumulations or benefits paid thereto, less any setoffs allowed by law, shall be paid to one or more of the parties to this account upon proper withdrawal demand. Joint tenants to this account will have ownership rights on all accounts excluding funds in IRA accounts. The terms of this account cannot be changed without written permission of the Credit Union. Upon penalties of perjury, I certify that the information contained in this form is true, correct and complete. The parties signing below can access this account by separate signature. The Credit Union reserves the right to obtain a credit history on all parties prior to opening an account.

I/we understand that Teletone and other automated services are subject to the terms and conditions described in the Electronic Funds Transfer Disclosure. Further, I/we understand that Teletone and Internet Banking access are issued automatically with all new account unless checked here.

Checking Account Agreement

The Credit Union is authorized to pay any person on this account and/or to pay their checks, honor "Electronic Funds Transfer" (if any) and, if applicable, honor Visa-Debit Card sales checks or cash advance checks, and to charge same to the checking account. Other agreements relating to "Electronic Funds Transfers" and Visa-Debit Card transactions expand and amplify this agreement. It is further agreed that:

- a) Only blank checks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- b) All non-cash payments received in this account will be credited subject to final payment.
- c) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, the Credit Union may, at its discretion, pay such a check. If the Credit Union does pay such a check, all parties on the account agree, jointly and severally, to immediately reimburse the Credit Union, to an extent that such a check exceeds the share balance in this account. Such reimbursement may be in the manner as indicated above if the Credit Union has approved overdraft protection.
- d) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- e) When paid, checks become the property of the Credit Union and shall not be returned either with the periodic statement of this account or otherwise. Copies of such checks will be provided, if requested, and the Credit Union may charge a fee for providing such copies.
- f) Except for negligence by the Credit Union, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- g) Any objection to any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- h) The Credit Union may charge, as established by the Credit Union, for each stop payment order that is issued on a check drawn on this account. Such a charge may be deducted from this account if it is not paid when the related service is rendered. This account is also subject to other terms and conditions and service charges as the Credit Union may establish from time to time. The Credit Union may change the terms and conditions to this account, upon giving a 15-day written notice. Notice may be given by U.S. mail, first-class, postage prepaid, to your last known address, as reflected in the Credit Union's records.
- i) If you choose to purchase your checks through anyone other than the Credit Union, the Credit Union will not be responsible for processing delays and reserves the right to not pay the check.

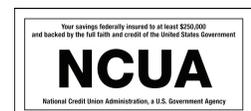
Supplemental Business/Organizational Checking Account Information

The terms and fees in the table below may change at any time. Fees in this table are additional to those printed in the Credit Union Fee Schedule.

	Organizational Checking	Business Basic Checking	Business Plus Checking
Minimum Opening Deposit	\$50.00	\$100.00	\$100.00
Monthly Maintenance Fee	\$5.00	\$10.00	\$25.00
Minimum Balance to waive Monthly Maintenance Fee	\$500.00	\$1,000.00	\$5,000.00
Activity Charge*	First 50 items FREE / \$.25 per item thereafter	First 75 items FREE / \$.25 per item thereafter	First 150 items FREE / \$.25 per item thereafter
Minimum Balance to Earn Interest**	N/A	N/A	\$5,000.00
Eligible for Courtesy Pay Program	No	Yes	Yes
Early Closure Fee (open < 90 days)	\$10.00	\$10.00	\$10.00
Cost of Checks, deposit slips, deposit bags	Varies by style	Varies by style	Varies by style

* Item includes checks and other withdrawals, deposited items and other credits.

** Interest is calculated daily and paid monthly on \$1 increments. Interest is paid on the first day of each month for the previous month.



CORPORATION / LIMITED LIABILITY COMPANY/ASSOCIATION

RESOLVED:

1. That this corporation/organization, namely _____ [true corporate or company name] open and maintains a share account with the MidWest Financial Credit Union in the name and for the use of this corporation/company/organization.
2. That all transactions, if any, with respect to any deposits or withdrawals by or on behalf of this corporation/company/organization with MidWest Financial Credit Union prior to the adoption of this resolution are hereby ratified, approved and confirmed.
3. That until otherwise ordered in writing by an officer or member with authority, and such written order placed in the hands of MidWest Financial Credit Union, said credit union is hereby authorized to make payments from said account upon and according to the withdrawal order of this corporation/company/organization when signed by any one of the following authorized signers.

Signature _____
Print Name and Title

The undersigned secretary of _____ hereby certifies that the following is a true copy of a resolution adopted by the organization on _____, _____ and that said resolution is in full force and effect and that the Articles of Incorporation and Bylaws (if a corporation) or Articles of Organization and Operating Agreement (if an LLC) given to the Credit Union are true and accurate copies of such documents and may be relied on by the Credit Union until a reasonable time after the Credit Union receives a written notice of the change.

Date _____ Secretary Signature _____ Print Secretary Name

PARTNERSHIP

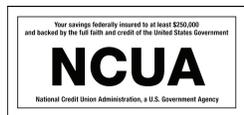
Below are the signatures of all the general partners of the Partnership. All of the partners agree, jointly and severally, that each of the partners named below shall have full access to the account, and may withdrawal any or all funds without the other partners' knowledge or consent:

Signature _____
Print Name and Title

ORGANIZATION

Below are the signatures of all persons who are authorized to use this account. It is agreed that each of the persons named below has full access to the account and may withdraw any and all funds without any other signer's knowledge or consent. These signers will remain in force until a new Authorized Signer Form is completed in writing by an authorized representative of the Organization:

Signature _____
Print Name and Title



Account Signer Personal Information

Must be completed for all Business Organization Accounts

Account Number: _____ Date: _____

(1)

Full Name	Date of Birth	SSN
Home Address	City/State/Zip	
E-mail Address	Home Phone	Work Phone
Government Issued Photo ID Number	Issuing Authority	Expiration Date

(2)

Full Name	Date of Birth	SSN
Home Address	City/State/Zip	
E-mail Address	Home Phone	Work Phone
Government Issued Photo ID Number	Issuing Authority	Expiration Date

(3)

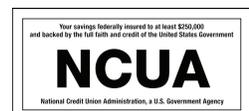
Full Name	Date of Birth	SSN
Home Address	City/State/Zip	
E-mail Address	Home Phone	Work Phone
Government Issued Photo ID Number	Issuing Authority	Expiration Date

(4)

Full Name	Date of Birth	SSN
Home Address	City/State/Zip	
E-mail Address	Home Phone	Work Phone
Government Issued Photo ID Number	Issuing Authority	Expiration Date

For Office Use Only

Date Opened: _____ Opened By: _____ Chexsystems: _____
Copies Obtained: Corporate Resolution Partnership Agreement Bylaws Other: _____
Approved by Membership Officer: _____ Date: _____



11/01/09