

Business Deposit Account Application and Resolution for Depository Authorization



IBM Southeast Employees'
Federal Credit Union
Your time. Your money. Your future.®

Please complete and sign below.

Date: 2/24/14 Business Account #: _____ Tax ID # (TIN): 46-4846664

Taxpayer Identification Number (TIN) should be an Employer Identification Number (EIN), unless Sole Proprietor or DBA, which could be a Social Security Number (SSN). Only Businesses owned, operated and registered within the States of Alabama, Florida and Georgia will be accepted.

Type of Account: Check one

BE ADVISED: IBM Southeast EFCU strictly prohibits Money Service Business (MSB) accounts. MSBs are companies that deal in, but are not limited to, Check Cashing, Gambling, Gift or Reloadable Cards, Lottery, Money Orders, Precious Metals and Traveler's Checks.

- ☒ Corporation ☐ Doing Business As (DBA) ☐ Limited Liability Company (LLC)
☐ Limited Partnership ☐ Non-Profit Organization ☐ Sole Proprietor

Type of Business: Charitable Incorporation Date: 2/14/14

Business Purpose: (Check all that apply) ☒ Internet ☒ Mail Order ☒ Retail ☒ Telephone ☐ Other: _____

Description of Business Activity: Relief of the poor; advancement of education/science; and advancement of religion

Full Legal Business Name: Bestowers Foundation, Inc.

Business Address: 6023 NW 107th Place

Address of physical business location required, not post office box or mail drop.

City: Alachua State: FL Zip Code: 32615

Phone: 571-354-6224 Fax: _____

Email: info@bestowers.org Website: http://bestowers.org

Mailing Address: If Different From Above - Post Office Box or Street Address _____

City: _____ State: _____ Zip Code: _____

Additional Document(s) Required: See Business Account Checklist for more information. Check all that Apply, and Attach to this form.

- ☒ Articles of Incorporation ☐ Articles of Organization ☐ Bylaws, Charter, Board Meeting Minutes
☐ Fictitious Name Affidavit ☐ IRS Non-Profit Verification ☐ License to Operate
☐ Partnership Agreement ☐ Trade Name Registration (Georgia)

Account Type(s): Check all that Apply, and list Account Number. *Checking is required on a Business Account.

- ☒ Checking (S57)*: _____ ☒ Savings (S2): _____ ☐ Money Market: _____
☐ Share Certificate #: _____ Rate: _____ APY: _____ Term: _____ Amount: \$ _____

Source of Funds: (Check all that apply)

- ☒ ACH ☒ Cash ☒ Checks ☐ Coin ☒ Credit and/or Debit Card ☒ Wire Transfer ☐ Other: _____

Weekly Transaction Estimate: Number: _____ Amount: \$ _____

Projected Transaction Type(s): (Check all that apply)

- ☒ ACH ☒ Billpay ☒ Cash ☒ Checks ☐ Coin ☒ Credit and/or Debit Card ☐ Other: _____
☒ Wire Transfers: ☒ Domestic - Estimated Amount: \$ 1000 / year ☐ Incoming - Destination _____
☐ Outgoing - Destination _____
☒ International - Estimated Amount: \$ 2000 / year ☐ Incoming - Originating Country _____
☐ Outgoing - Receiving Country Bangladesh

Business Deposit Account Application and Resolution for Depository Authorization *(continued)*



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Please complete and sign below.

I/We, the undersigned, certify that the information provided on this Resolution, and any attachments, is true and correct and duly adopted, and not rescinded or modified by the Business, having full power and lawful authority to do so. Therefore, be it resolved that:

1. IBM Southeast Employees' Federal Credit Union is the designated depository for the funds of this Business.
2. This Resolution will remain in effect until and unless express written notice of rescission or modification is received and recorded by IBM Southeast EFCU.
3. Any and all Resolutions duly adopted by this Business and certified to IBM Southeast EFCU as governing the operation of this Business Account(s), are in full force and effect, unless revoked, supplemented or modified by this authorization.
4. This Business agrees to the terms and conditions of any authorized Business Representative(s) of the Business, and authorizes IBM Southeast EFCU to charge the Business for all checks, drafts, and orders for payment of money which are drawn on IBM Southeast EFCU, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed, as long as they resemble the signatures above, or those updated and filed with IBM Southeast EFCU from time to time.
5. The Business and all authorized Business Representative(s) further confirm and agree that the Business will comply with all State and Federal laws and regulations, including those imposed by Bank Secrecy Act (BSA), Anti-Money Laundering (AML) and Unlawful Internet Gambling Enforcement Act (UIGEA) requirements, and does not participate in, or act as a merchant for internet gambling, or any other unlawful or illegal transactions.
6. Should the ownership of the Business be changed or restructured in any way, the Business is obliged to notify IBM Southeast EFCU promptly. In the event that ownership is changed or restructured without notification to IBM Southeast EFCU, the Business and all authorized Business Representative(s) shall remain fully liable in accordance with the terms and conditions of this authorization and all account agreements.
7. By signing this Resolution, the Business and all authorized Business Representative(s) authorize the IBM Southeast EFCU to obtain information from any source concerning statements made herein, including information obtained from credit bureaus and other financial reporting agencies.
8. In an effort to verify the identity of the authorized Business Representative(s) of this Business, a U. S. Taxpayer Identification Number (TIN), and at least one form of unexpired government issued photo identification, must be provided for each of the Business's representatives. Additional identification is required for Non-U.S. Citizens, and for individuals whose address does not match the address on their identification.
9. I/We have received, reviewed and retained a copy of the IBM Southeast EFCU Business Account Disclosure and Fee Schedule.

THE UNDERSIGNED HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE AND CORRECT.

Business Account Officers: Please Print

Business Account and all Business Representatives must be eligible for Credit Union Membership. The primary Business Representative must have a Credit Union Membership in good standing prior to the opening of the Business Account, with the Membership number noted below.

1. Name of Business Representative: Reza U Nabi Signature: Reza Nabi
Title: President & Secretary Date: 2/24/2014
U. S. Citizen: ☒ Yes ☐ No Subject to IRS Backup Withholding: ☐ Yes ☐ No
Tax Identification Number (TIN) required. Non-U.S. Citizens require additional identification.
Social Security Number: 592-81-1977 Date of Birth: 11/29/71
Member Number: 400020505 Security Password: (To verify telephone contact)
Home Phone: (571) 354-6224 Work Phone: (571) 354-6224 Cell Phone: (571) 358-7801
Email Address: reza@nabi.us
Residential Address: 6023 NW 107th Place, Alachua, FL 32615
Mailing Address: 6023 NW 107th Place, Alachua, FL 32615

Business Deposit Account Application and Resolution for Depository Authorization *(continued)*



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Please complete and sign below.

2. Name of Business Representative: _____ Signature: _____

Title: _____ Date: _____

U. S. Citizen: ☐ Yes ☐ No Subject to IRS Backup Withholding: ☐ Yes ☐ No

Tax Identification Number (TIN) required. Non-U.S. Citizens require additional identification.

Social Security Number: _____ Date of Birth: _____

Member Number: _____ Security Password: *(To verify telephone contact)* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Residential Address: _____

Mailing Address: _____

3. Name of Business Representative: _____ Signature: _____

Title: _____ Date: _____

U. S. Citizen: ☐ Yes ☐ No Subject to IRS Backup Withholding: ☐ Yes ☐ No

Tax Identification Number (TIN) required. Non-U.S. Citizens require additional identification.

Social Security Number: _____ Date of Birth: _____

Member Number: _____ Security Password: *(To verify telephone contact)* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Residential Address: _____

Mailing Address: _____

4. Name of Business Representative: _____ Signature: _____

Title: _____ Date: _____

U. S. Citizen: ☐ Yes ☐ No Subject to IRS Backup Withholding: ☐ Yes ☐ No

Tax Identification Number (TIN) required. Non-U.S. Citizens require additional identification.

Social Security Number: _____ Date of Birth: _____

Member Number: _____ Security Password: *(To verify telephone contact)* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Residential Address: _____

Mailing Address: _____

Name of Secretary: *(If applicable)* Reza U Nabi Signature: Reza Nabi Date: 2/24/2014

FOR CREDIT USE ONLY		Verify all records with ChexSystems & Experian Credit Profile		Federally Insured by NCUA	
Staff Initials:	Operator #:	Verifier Initials:	Operator #:		
MICR #:	Business Account #:	Business Account Type:	Personal Member #:		
ChexSystems SS# Date:	Signer #1:	Signer #2:	Signer #3:	Signer #4:	
ChexSystems Record & ID:	Signer #1:	Signer #2:	Signer #3:	Signer #4:	
Checks Ordered: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	VISA Check Card: <input type="checkbox"/> Y <input type="checkbox"/> N or ATM Card: <input type="checkbox"/> Y <input type="checkbox"/> N		Telepin Order #:		
Telephone/Online Banking Password: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Wallet Card #A1193: <input type="checkbox"/> Y <input type="checkbox"/> N		Certificate Document: <input type="checkbox"/> Y <input type="checkbox"/> N		
Business Account Disclosure #A1202: <input type="checkbox"/> Y	Business Account Fee Schedule #A1201: <input type="checkbox"/> Y		Business Loan Referred: <input type="checkbox"/> Y <input type="checkbox"/> N		