

3145149805

**Business Member Number**

New Member     Existing Member

**PRODUCT(S) SELECTION**

<input checked="" type="checkbox"/> New Account	<input checked="" type="checkbox"/> Supercedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supercedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supercedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supercedes	_____	_____
		Product Name	Account Number

**BUSINESS CLASSIFICATION**

Sole Proprietor     General Partnership     Limited Partnership     Ltd Liability Partnership     Corporation     Ltd Liability Company     Unincorporated Assn OR Organization     Other: \_\_\_\_\_

**BUSINESS INFORMATION (Please Print)**

Compass Charter Schools  
Full Legal Business Name

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Membership Eligibility

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Entity Documentation

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Physical Street Address

---

Mailing Address (if different from above)

---

Primary Telephone

---

Business Telephone

---

Mobile Telephone

---

NAICS

---

TIN/EIN

---

Website

---

Type of Business

---

Thousand Oaks

---

City

---

State

---

Zip

---

What is your target customer base?

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850 Hampshire Road Suite P

---

818.732.4692

---

805.769.7241

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lfishman@compasscharters.org

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**TAX CERTIFICATION**

**Certification of taxpayer identification number:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**Taxpayer Identification Number (TIN):** Enter your TIN in the box provided. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

45-3.643984  
TIN/EIN

Under penalties of perjury, I certify that:

- the number shown on the face of this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you);
- that you are not subject to backup withholding, unless you have indicated so above because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service, that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified you that you are no longer subject to backup withholding;
- and for a sole proprietor using your SSN as your TIN, that you are a U.S. person (including a U.S. resident alien), unless you have provided us form W-8BEN Certification of Foreign Status of Beneficial Owner for United States Tax Withholding.

I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**BSA QUESTIONNAIRE**

**Does your business offer or expect to offer any of the following services to your customers?**

Payday Lender     Gambling/Gaming     Adult Entertainment     Drug Paraphernalia Sales     Check Cashing     Money Transmissions (e.g., wires)

Dealer of Jewels or Precious Stones     Stored Valued Cards     Check Sales (e.g., Money Orders)     Currency Exchanges     Other: \_\_\_\_\_     None

*If you checked one of the boxes below, your account may or may not be opened on a provisional basis until further information is provided.*

**CALIFORNIA CREDIT UNION USE ONLY**

Opened by: \_\_\_\_\_ Branch/Dept. \_\_\_\_\_ Page: of **4** Date Completed: \_\_\_\_\_

### OWNER/AUTHORIZED SIGNER INFORMATION

Lisa Fishman Firebird 0  
**#1 Name** (First, Middle, Last) Mother's Maiden Name/Keyword Ownership Percentage  
 CADL 0

Identification Type Identification Number Issue Date Expiration Date Date of Birth SSN  
 CA

Physical Street Address City State Zip  
 818.732.4692 ifishman@compasscharters.org

Primary Telephone Business Telephone Other Telephone Email Address  
 CFO Compass Charter Schools Employer

Occupation (if retired or unemployed, please list former occupation) Employer Income Source of Income

James J Lewis 0  
**#2 Name** (First, Middle, Last) Mother's Maiden Name/Keyword Ownership Percentage

Identification Type Identification Number Issue Date Expiration Date Date of Birth SSN  
 CA

Physical Street Address City State Zip  
 8052075438 jlewis@compasscharters.org

Primary Telephone Business Telephone Other Telephone Email Address  
 Superintendent & CEO Compass Charter Schools Employer

Occupation (if retired or unemployed, please list former occupation) Employer Income Source of Income

**#3 Name** (First, Middle, Last) Mother's Maiden Name/Keyword Ownership Percentage

Identification Type Identification Number Issue Date Expiration Date Date of Birth SSN

Physical Street Address City State Zip

Primary Telephone Business Telephone Other Telephone Email Address

Occupation (if retired or unemployed, please list former occupation) Employer Income Source of Income

### ACCOUNT AGREEMENT/AUTHORIZATION

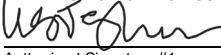
Your signature(s) below acknowledges receipt of the following, and that you have read, understand and agree to all of the terms and conditions in the: (i) California Credit Union Business Account Agreement and Disclosure; (ii) California Credit Union Funds Availability Policy; (iii) Schedule of Rates, Fees and Charges; (iv) Business Account Appendix A; (v) Other special Appendix or disclosures related to your account, if any.

**You agree and authorize California Credit Union to:** (a) Open your business deposit account(s) as specified on the reverse side; (b) Accept deposits and honor withdrawal requests on this account(s) by any of the authorized signers below; (c) Allow any authorized signer to perform transactions authorized under the terms of the Business Account Agreement and Disclosure (d) Have the continuing right to verify any of the foregoing information, including the right to inquire about the business and the individual credit ratings and condition; (e) obtain consumer and/or business reports, including inquiries to the IRS or Franchise Tax Board, for the above signers on an initial and ongoing basis; (f) Relay information regarding this business account(s) to credit reporting agencies, or to other legitimate parties who require account verification.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Read the Taxpayer Identification and Backup Withholding portion of this application.

**Important notice about procedures for opening an 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. This means when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**BY PROVIDING A WIRELESS TELEPHONE NUMBER (I.E., CELL PHONE), I/WWE CONSENT TO RECEIVING CALLS, INCLUDING AUTODIALED AND PRERECORDED MESSAGES, FROM THE CREDIT UNION OR ITS BUSINESS PARTNERS.**

  
 Authorized Signature #1 Date

Authorized Signature #2 Date

Authorized Signature #3 Date

### CALIFORNIA CREDIT UNION USE ONLY

Chex Systems Record	Signer 1:	<input type="checkbox"/> Accept-No Records	<input type="checkbox"/> Review/Decline-Records	<input type="checkbox"/> Not Required	Chex Systems Management Approval (If applicable):	
	Signer 2:	<input type="checkbox"/> Accept-No Records	<input type="checkbox"/> Review/Decline-Records	<input type="checkbox"/> Not Required	Opened by:	Branch/Dept.
	Signer 3:	<input type="checkbox"/> Accept-No Records	<input type="checkbox"/> Review/Decline-Records	<input type="checkbox"/> Not Required	Reviewed by:	
Membership Fee	<input type="checkbox"/> Paid	<input type="checkbox"/> Promotional	<input type="checkbox"/> Existing Member	Page: of 4	Date Completed:	

3145149805

**Business Member Number**

**BUSINESS INFORMATION**

Compass Charter Schools 611110  
 Business Name NAICS

**CORPORATE RESOLUTION**

**Resolved:** That the Board of Directors or other governing body of the business identified in this Application has authorized establishing an account with California Credit Union, to enter into all agreements set forth in the Business Account Agreement and Disclosure, and that the President and Secretary or other authorized officers who signed therein, are authorized to open this account. Each authorized signer is hereby authorized to withdraw from said account, to endorse and deliver checks/orders to the Credit Union for any purpose and for any amount which are executed by others and payable to this organization and initiate any transaction, inquiry, or service by the Credit Union. This Resolution will remain effective until a new one is furnished to the Credit Union by the board or other governing body.

I/We hereby certify that this resolution is true and in accordance with the resolution still in force and effective, as adopted by the Board of Directors or other governing body of the business identified in this Application at a meeting held on \_\_\_\_\_ and that the authorized Signers shown on this Application are authorized to establish this account.

Secretary of the Board or Other Governing Body Name/Title Date

**REQUIRED DOCUMENTATION FOR A BUSINESS ACCOUNT**

**INSTRUCTIONS:**

Sufficient legal documentation is required to open a Business Account

**Sole Proprietorship**

- Filed and Published Fictitious Name Statement\*

**Unincorporated Associations/Organizations**

- By-laws
- Board Resolution or Minutes

**General Partnership**

- Partnership Agreement
- Filed and Published Fictitious Name Statement\*

**Limited Partnership**

- Certificate of Limited Partnership
- Filed and Published Fictitious Name Statement\*

**Limited Liability Partnership**

- Filed Certificate of Registration (LLP-1)
- Operating Agreement (if Certificate does not show current owners)
- Filed and Published Fictitious Name Statement\*

**Corporation**

- Endorsed filed Articles of Incorporation
- Corporate Resolution or Corporate Minutes
- Filed and Published Fictitious Name Statement\*

**Limited Liability Company**

- Articles of Organization (LLC-1)
- Operating Agreement\*
- Filed and Published Fictitious Name Statement\*

\* Required only when the name on the account does not match the legal name of the ownership.

**Note:**

- Additional documentation will be required for out-of-state and nonconforming entities.
- All businesses and organizations located in San Diego, Riverside, and Orange Counties qualify for Credit Union membership.
- The minimum deposit to establish a checking account is \$200.

**CHECKING QUESTIONNAIRE**

Please answer all applicable areas with the anticipated transactions in each of the following categories.

Transaction	Amount per Month
<input type="checkbox"/> CASH TRANSACTIONS:	\$
<input checked="" type="checkbox"/> CHECKS:	\$ 5000
<input type="checkbox"/> MONETARY OFFICIAL INSTRUMENTS: (purchasing Cashier's Checks or Money Orders with cash)	\$
<input checked="" type="checkbox"/> ACH TRANSACTIONS:	\$ 5000
<input type="checkbox"/> ATM:	\$
<input type="checkbox"/> WIRES:	\$

International  No  Yes \_\_\_\_\_ % *If yes, specify countries* \_\_\_\_\_

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Opened by:	Branch/Dept.	Page: of 4	Date Opened :
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