

New Member Existing Member

Business Member Number _____

PRODUCT(S) SELECTION

<input type="checkbox"/> New Account	<input type="checkbox"/> Supersedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supersedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supersedes	_____	_____
		Product Name	Account Number
<input type="checkbox"/> New Account	<input type="checkbox"/> Supersedes	_____	_____
		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)

Full Legal Business Name		NAICS	
Membership Eligibility	TIN/EIN	Website	
Entity Documentation	Type of Business	What is your target customer base?	
Physical Street Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Primary Telephone	Business Telephone	Mobile Telephone	Email Address

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).

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	Date Completed:
------------	--------------	----------	-----------------

OWNER/AUTHORIZED SIGNER INFORMATION

#1 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	

#2 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	

#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/WE 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	Date Completed:	

OWNER/AUTHORIZED SIGNER INFORMATION

#4 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	

#5 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	

#6 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/WE CONSENT TO RECEIVING CALLS, INCLUDING AUTODIALED AND PRERECORDED MESSAGES, FROM THE CREDIT UNION OR ITS BUSINESS PARTNERS.

Authorized Signature #4	Date
Authorized Signature #5	Date
Authorized Signature #6	Date

CALIFORNIA CREDIT UNION USE ONLY

Chex Systems Record	Signer 4:	<input type="checkbox"/> Accept-No Records	<input type="checkbox"/> Review/Decline-Records	<input type="checkbox"/> Not Required	Chex Systems Management Approval (If applicable):	
	Signer 5:	<input type="checkbox"/> Accept-No Records	<input type="checkbox"/> Review/Decline-Records	<input type="checkbox"/> Not Required	Opened by:	Branch/Dept.
	Signer 6:	<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	Date Completed:	

Business Member Number _____

BUSINESS INFORMATION

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 type="checkbox"/> CHECKS:	\$ _____
<input type="checkbox"/> MONETARY OFFICIAL INSTRUMENTS: (purchasing Cashier's Checks or Money Orders with cash)	\$ _____
<input type="checkbox"/> ACH TRANSACTIONS:	\$ _____
<input type="checkbox"/> ATM:	\$ _____
<input type="checkbox"/> WIRES:	\$ _____

International No Yes _____ % *If yes, specify countries* _____

CALIFORNIA CREDIT UNION USE ONLY

Opened by: _____	Branch/Dept. _____	Page: _____ of _____	Date Opened : _____
------------------	--------------------	----------------------	---------------------

Business Member Number _____

BUSINESS INFORMATION

Business Name _____

NAICS _____

SOLE PROPRIETORSHIP RESOLUTION

Resolved: That the Sole Proprietor 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 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.

Sole Proprietor Signature _____

Name _____

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 type="checkbox"/> CHECKS:	\$ _____
<input type="checkbox"/> MONETARY OFFICIAL INSTRUMENTS: (purchasing Cashier's Checks or Money Orders with cash)	\$ _____
<input type="checkbox"/> ACH TRANSACTIONS:	\$ _____
<input type="checkbox"/> ATM:	\$ _____
<input type="checkbox"/> WIRES:	\$ _____

International No Yes _____ % *If yes, specify countries* _____

CALIFORNIA CREDIT UNION USE ONLY

Opened by: _____	Branch/Dept. _____	Page: _____ of _____	Date Opened : _____
------------------	--------------------	----------------------	---------------------

Business Member Number

BUSINESS INFORMATION

Business Name

NAICS

PARTNERSHIP RESOLUTION

Resolved: That the General Partners of the business identified in this Application have 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 authorized Partner(s) 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 and contains the signature of all General Partners.

The above named parties represent and warrant that they constitute all of the general partners of the Partnership required to execute this agreement and hereby certify that this resolution is true and in accordance with the resolution still in force and effective, as adopted by the General Partners and that the authorized Signers shown on this Application are authorized to establish this account.

Required General Partner Signature

Required General Partner Signature

Required General Partner Signature

Required General Partner Signature

Required General Partner Signature

Required General Partner Signature

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

International No Yes _____ % *If yes, specify countries* _____

CALIFORNIA CREDIT UNION USE ONLY

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

Business Member Number _____

BUSINESS INFORMATION

Business Name _____

NAICS _____

LIMITED LIABILITY COMPANY RESOLUTION

Resolved: That the Manager(s) 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 Manager(s) 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 and contains the signature of all Managing Member(s).

I hereby certify I am a Manager of the above named LLC and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all the members of the LLC as provided in the articles of organization or operating agreement at a meeting held on _____ and that the authorized Signers shown on this Application are authorized to establish this account.

Manager Signature _____

Name _____

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 type="checkbox"/> CHECKS:	\$ _____
<input type="checkbox"/> MONETARY OFFICIAL INSTRUMENTS: (purchasing Cashier's Checks or Money Orders with cash)	\$ _____
<input type="checkbox"/> ACH TRANSACTIONS:	\$ _____
<input type="checkbox"/> ATM:	\$ _____
<input type="checkbox"/> WIRES:	\$ _____
International <input type="checkbox"/> No <input type="checkbox"/> Yes _____ % <i>If yes, specify countries</i> _____	

CALIFORNIA CREDIT UNION USE ONLY

Opened by: _____	Branch/Dept. _____	Page: _____ of _____	Date Opened : _____
------------------	--------------------	----------------------	---------------------

Business Member Number

BUSINESS INFORMATION

Business Name

NAICS

LODGE, SOCIETY, CLUB OR UNINCORPORATED ASSOCIATION RESOLUTION

Resolved: That the Association 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 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.

I/We hereby certify that at a meeting wherein a quorum was present, the above resolution is true and in accordance with the resolution still in force and effective, as adopted by the Officers or other governing body of the Association as provided in the bylaws of the organization at a meeting held on _____ and that the authorized Signers shown on this Application are authorized to establish this account..

Officer/Authorized Signature

Name/Position

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

International No Yes _____ % If yes, specify countries _____

CALIFORNIA CREDIT UNION USE ONLY

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