

Help us process your changes and requests faster by providing a few things to get started:

- ☐ Print, complete, and sign a Business Changes – Sole Proprietors form located on becu.org
- ☐ Return the completed form to one of the following:
 - In person to any BECU location
 - Fax to **206.805.5612**
 - Mail to:
BECU
MS 1094-2
Attn: Account Servicing
PO Box 97050
Seattle, WA 98124

To change your business address, phone number, and/or email:

- ☐ Complete sections 1, 2, and 11 of the Business Changes – Sole Proprietors form
- ☐ The Sole Proprietor or any one Authorized signer must complete and sign section 11

To change your business name:

- ☐ Ensure that the new business name is reflected on the WA State My DOR website. BECU uses this website for validation. If the correct name is not reflected on this site, BECU cannot process the business name change request.
- ☐ Complete sections 1, 3, and 11 of the Business Changes – Sole Proprietors form
 - Complete section 10 if new ATM/Debit cards are requested.
- ☐ The Sole Proprietor must complete and sign section 11

To add or remove authorized signers:

- ☐ To add or remove Authorized Signers, complete sections 1, 4, and 11 of the Business Changes – Sole Proprietors form
 - Complete section 10 if new ATM/Debit cards are requested.
- ☐ To add or remove Account-Only Authorized Signers, complete sections 1, 5, and 11 of the Business Changes – Sole Proprietors form
 - Complete section 10 if new ATM/Debit cards are requested.
- ☐ The Sole Proprietor must complete and sign section 11
 - An Authorized Signer may complete and sign section 11 if they are requesting to remove themselves

To add or remove agents:

- ☐ Complete sections 1, 6, and 11 of the Business Changes – Sole Proprietors form
- ☐ The Sole Proprietor or any one Authorized Signer must complete and sign section 11
 - Any one Agent may complete and sign section 11 if they are requesting to remove themselves

To add or remove non-authorized agents:

Reminder: Non-Authorized Agents may access information on all business deposit accounts in person or by calling BECU. See Business Account Agreements for responsibilities, restrictions, and limitations on Non-Authorized Agents

- ☐ Complete sections 1, 7, and 11 of the Business Changes – Sole Proprietors form
- ☐ The Sole Proprietor or any one Authorized Signer must complete and sign section 11
 - Any one Non-Authorized Agent may complete and sign section 11 if they are requesting to remove themselves

To close BECU deposit accounts

- ☐ Complete sections 1, 8, and 11 of the Business Changes – Sole Proprietors form
- ☐ The Sole Proprietor or any one Authorized Signer must complete and sign section 11

To add new deposit products and services

- ☐ Complete sections 1, 9, and 11 of the Business Changes – Sole Proprietors form
 - Complete section 10 if new ATM/Debit cards are requested
- ☐ The Sole Proprietor or any one Authorized Signer must complete and sign section 11



Business Membership & Deposit Account Roles – Sole Proprietors

When you apply for a business membership and open checking, savings, money market, and/or CD accounts with BECU, you specify what individuals in your organization are authorized to do (their role) within the accounts. Unless you designate an individual as an Account-Only Authorized Signer, the authority you specify for an individual will apply to all deposit accounts.

Summary of Roles (see Business Account Agreements for more information):

1. Authorized Signer:

Best if: You want the individual to have authority to act on behalf of the business and to transact on **all of your business accounts**. The individual will have the authority to:

- Change business address and phone number
- Add or remove Agents or Non-Authorized Agents
- Open or close deposit accounts or services
- View or access information on all business accounts through ATMs, telephone, in person, or Online Banking, including viewing eStatements
- Perform transactions on all business accounts, including withdrawals, transfers, bill pay, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

2. Agent

Best if: You want the individual to be able to view information about all of your business accounts and have limited transaction authority on all the accounts. The individual **will not** have the authority to act on behalf of the business. The individual will have the authority to:

- Access information on all of your business accounts in person or by calling BECU (Note: An Agent cannot use Online Banking)
- Perform transfers between all accounts within the same business

3. Non-Authorized Agent

Best if: You want the individual to be able to view information about all of your business accounts. The individual will not have the authority to act or transact on behalf of the business and the accounts. The individual will have the authority to:

- Access information on all of your business accounts in person or by calling BECU (Note: A Non-Authorized Agent cannot use Online Banking)

4. Account-Only Authorized Signer:

Best if: You want the individual to have authority to transact on a specific account only. The individual will have the authority to:

- View or access information about the specific business account through ATMs, telephone or in person
- Perform transactions on that specific account, including withdrawals, transfers, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

Note: Account-Only Authorized Signers cannot use Online Banking to view information about the account or perform transactions.

5. Only Owners or the Control Person can:

- Change the business name
- Add or remove Authorized Signers

BUSINESS CHANGES - SOLE PROPRIETORS



If you have any questions, please contact Boeing Employees' Credit Union at 800.233.2328.

- | | |
|--|--|
| <input type="checkbox"/> To change business address, phone number, and/or email, complete sections 1, 2, and 11. | <input type="checkbox"/> To add or remove Agents, complete sections 1, 6, and 11. |
| <input type="checkbox"/> To change business name, complete sections 1, 3, and 11. | <input type="checkbox"/> To add or remove Non-Authorized Agents, complete sections 1, 7, and 11. |
| <input type="checkbox"/> To add or remove Authorized Signers complete sections 1, 4, and 11. | <input type="checkbox"/> To close an account, complete sections 1, 8, and 11. |
| <input type="checkbox"/> To add or remove Account-Only Authorized Signers, complete sections 1, 5, and 11. | <input type="checkbox"/> To open a new account, complete sections 1, 9, 10, and 11. |

1. Business Information

BUSINESS NAME (DBA, if applicable)				
FEDERAL TAX ID NUMBER	<input type="checkbox"/> EIN	<input type="checkbox"/> ITIN	<input type="checkbox"/> SSN	NAME OF INDIVIDUAL

2. Change Address, Phone Number, and/or Email

NEW BUSINESS LOCATION / STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
NEW MAILING ADDRESS (if different from above)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
NEW BUSINESS PHONE	NEW EMAIL ADDRESS (optional)*	
*By providing your email address, you agree that BECU may electronically send you marketing information about our products and services.		

3. Change Business Name

BECU will validate the new business name on the Washington State My DOR website.	
FORMER BUSINESS NAME	NEW BUSINESS NAME

4. Add or Remove Authorized Signers (Continued on the next page.)

Authorized Signers are able to perform transactions, open or close deposit accounts or services, and add or remove Agents or Non-Authorized Agents on **all business deposit accounts**. Authorized Signers can view and access information on **all business deposit and loan accounts**. See Business Account Agreements for responsibilities, restrictions, and limitations on Authorized Signers. Each new Authorized Signer must sign in section 11.

AUTHORIZED SIGNER (1)			<input type="checkbox"/> Add	SSN / TIN	
			<input type="checkbox"/> Remove		
CONTACT NUMBER	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
Your citizenship status in the United States? (does not affect qualification)				If not a U.S. citizen, provide your Country of Citizenship:	
<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident					

Continued on the next page.

4. Add or Remove Authorized Signers (Continued from the previous page.)

AUTHORIZED SIGNER (2)				<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME		
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
STREET ADDRESS			CITY		
STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY		
Your citizenship status in the United States? (does not affect qualification)			If not a U.S. citizen, provide your Country of Citizenship:		
<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident					

5. Add or Remove an Account Only Authorized Signer

Account-Only Authorized Signers can only view and access information and perform transaction on the specified account(s) through the ATM, by telephone, or in person. They are not eligible to use online banking to view information about the account or perform transactions. **Note:** An individual must be listed as either an Authorized Signer or an Account-Only Authorized Signer. They cannot be both. Each new Account-Only Authorized Signer must sign in section 11.

ACCOUNT-ONLY AUTHORIZED SIGNER				<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN
ACCOUNT NUMBER(S)					
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME		
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
STREET ADDRESS			CITY		
STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY		
Your citizenship status in the United States? (does not affect qualification)			If not a U.S. citizen, provide your Country of Citizenship:		
<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident					

6. Add or Remove Agents

Agents have no authority to act on behalf of the business. Agents may access information on all business accounts in person or by calling BECU, and may perform transfers between all accounts within the same business. Identification and address information is required for authentication purposes.

NAME (1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
NAME (2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	

7. Add or Remove Non-Authorized Agents

Non-Authorized Agents have no authority to act on behalf of the business and no transaction authority on the business accounts. Non-Authorized Agents may only access information on all your business accounts in person or by calling BECU. Identification and address information is required for authentication purposes.

NAME (1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
NAME (2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	

8. Close BECU Deposit Account(s)

This request will:

1. Cancel all ATM/debit cards assigned to this account.
2. Suspend your line of credit for the associated checking account.
3. NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility to cancel such transactions.)
4. Result in any items presented after the closure date to be dishonored and returned.
5. Deduct the penalty from your total withdrawal if a CD account is selected for closure or early redemption.

Indicate deposit account number(s)

ACCOUNT NUMBER(S)	CLOSURE DATE
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Indicate disbursement of balance

<input type="checkbox"/> Transfer balance to my BECU account	ACCOUNT NUMBER	
<input type="checkbox"/> Issue check <input type="checkbox"/> Mail to address below		
STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Indicate reason for closure

<input type="checkbox"/> Competitor rates	<input type="checkbox"/> Products and services selection	<input type="checkbox"/> Fees	<input type="checkbox"/> Fraud / Compromise	<input type="checkbox"/> Moving / Relocating
<input type="checkbox"/> Inconvenient access	<input type="checkbox"/> Member service	<input type="checkbox"/> Deceased	<input type="checkbox"/> Other (please explain): _____	

9. Add Deposit Products and Services

A Business Members Share Savings account is required to establish membership at BECU. Please refer to the BECU Business Account Disclosure for rates and fee schedule. For a Business CD account, indicate the month term (3-60 months) and check the Add-To box to make additional CD contributions (optional). Visit becu.org for additional information about our products and services.

Are accounts being opened because prior accounts were closed due to fraud?

☐ Yes ☐ No

ACCOUNT (1)			
<input type="checkbox"/> Business Member Share Savings (Select this option if your previous Business Member Share Savings account was closed due to fraud.)			
ACCOUNT (2)			
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Interest Checking	<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Business Savings
ACCOUNT (3)			
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Interest Checking	<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Business Savings
CD ACCOUNT			
<input type="checkbox"/> Business CD			
How many months? _____ <input type="checkbox"/> Add-To Option (Complete Set Up a Recurring Transfer Between BECU Deposit Accounts form)			

10. Select ATM / Debit Cards for Authorized Signers

Use this section to select deposit account card types for Authorized Signers. **Note:** Selecting cards for Authorized Signers is optional.

OWNER / AUTHORIZED SIGNER (1) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	AUTHORIZED SIGNER (1) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
OWNER / AUTHORIZED SIGNER (2) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	AUTHORIZED SIGNER (2) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
ACCOUNT-ONLY AUTHORIZED SIGNER <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	

11. Agreements and Signatures

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. **What this means to you:** When you open an account we 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 signing below, you, the Business Owner and or Authorized Signer who completes this form ("You") certifies that You are authorized to request the above changes on behalf of the business and are authorized to take all other actions and steps reasonable or necessary to do so and deliver any instruments or agreements, as necessary to BECU. You acknowledge and agree that the information You provided is accurate, complete, and true and that You have instructed BECU as to the proper title of any accounts, new deposit products, or services requested and we may rely on the information in our dealings with You, now and in the future. You have reviewed and will retain for Your records the BECU Business Account Disclosure and Business Account Agreements, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure and You acknowledge their receipt and agree to their terms.

By signing below, any person added as an Authorized Signer acknowledges and agrees to the terms and conditions, to include applicable disclosures: (1) of the Business Account Agreements and BECU Business Account Disclosure, all as amended to date; (2) that issuance of each Debit Card or other access device selected in section 11 is specifically requested.

BUSINESS OWNER AND AUTHORIZED SIGNER (1)	SIGNATURE	
TITLE		DATE
BUSINESS OWNER AND AUTHORIZED SIGNER (2)	SIGNATURE	
TITLE		DATE
Authorized Signers added in section 4 or 5 must sign below.		
AUTHORIZED SIGNER NAME (1)	SIGNATURE	
TITLE		DATE
AUTHORIZED SIGNER NAME (2)	SIGNATURE	
TITLE		DATE
ACCOUNT-ONLY AUTHORIZED SIGNER NAME	SIGNATURE	
TITLE		DATE

BECU Use Only	NEW SAVINGS NUMBER	NEW CHECKING NUMBER	DATE	REP INITIALS
	<input type="checkbox"/> IDV verified <input type="checkbox"/> QualiFile® (on Authorized Signers) <input type="checkbox"/> OFAC (for business name changes)			