

BUSINESS RELATIONSHIP CHANGE FORM



Completed form may be returned to a BECU location. Additional signers must provide valid picture ID prior to being added to the account(s). If you have any questions, please contact BECU at 800.233.2328.

BUSINESS NAME (DBA, IF APPLICABLE)	FEDERAL TAX IDENTIFICATION NUMBER (EIN OR SSN) <input type="checkbox"/> EIN or <input type="checkbox"/> SSN If SSN, name of individual: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>
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1. Complete this section to CHANGE your address, phone number, and/or email

NEW BUSINESS LOCATION / STREET ADDRESS	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
NEW MAILING ADDRESS, IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
NEW BUSINESS PHONE	NEW BUSINESS FAX	NEW EMAIL ADDRESS*		*By providing your email address, you agree that BECU may send marketing information regarding products and services to you electronically.

2. Complete this section to CHANGE the Business Name

Please provide copy of WA State Business License showing the new legal name of your business.

FORMER BUSINESS NAME	NEW BUSINESS NAME
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3. Complete this section to INDICATE Authorized Signers

If adding or removing authorized signers, all authorized signers are required to sign in Section 8. In the event all authorized signers are not available, a resolution signed by the business owner, board of directors, or other individuals authorized in accordance with governing documents should be provided. **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.

ACCOUNT NUMBER(S) AFFECTED

Authorized Signer 1	PRINT NAME <input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Authorized Signer 2	PRINT NAME <input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Authorized Signer 3	PRINT NAME <input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Authorized Signer 4	PRINT NAME <input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

4. Complete this section to INDICATE Agents (ID and address for authentication purposes)

If adding or removing an Agent, only one Authorized Signer is required to sign in Section 8. Agents may make inquiries on accounts and perform transactions between accounts.

NAME (1) <input type="checkbox"/> Add <input type="checkbox"/> Remove	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
			COUNTRY

NAME (2)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
NAME (3)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

5. Complete this section to INDICATE Non-Authorized Agents (ID and Address For Authentication Purposes)

Non-Authorized Agents may only make inquiries on accounts. If adding or removing a Non-Authorized Agent

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

6. NEW Deposit Products and Services Please visit becu.org for additional information on our products and services.

Choose all that apply:

Business Member Share Savings
 Business Basic Checking Account
 Business Money Market Account
 Business Savings Account
 Business Interest Checking
 Business Certificate of Deposit
 Issue Debit Card to:
 (1) Authorized Signer
 (2) Authorized Signer
 (3) Authorized Signer
 (4) Authorized Signer

This section to be completed by BECU	NEW SAVINGS #	NEW CHECKING #	DATE	REP
	<input type="checkbox"/> ID verified <input type="checkbox"/> Qualifile® (on Authorized Signers) <input type="checkbox"/> Entity documents, to include confirmation of signers, reviewed			

7. Complete this section to CLOSE your account

ACCOUNT TO BE CLOSED	EFFECTIVE DATE OF CLOSURE	REASON FOR CLOSURE
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OUTSTANDING CHECKS

#	\$	#	\$	#	\$	#	\$	#	\$
#	\$	#	\$	#	\$	#	\$	#	\$

DISPOSITION OF BALANCE	<input type="checkbox"/> Transfer the balance to BECU account number: <input type="checkbox"/> Mail the balance to the following address: <input type="checkbox"/> Issue Cashier's Check:	For BECU use only		
		<input type="checkbox"/> ATM Status <input type="checkbox"/> Web/IVR Status <input type="checkbox"/> Draw Accounts	<input type="checkbox"/> Bill Payment <input type="checkbox"/> Prim Acct Changed <input type="checkbox"/> Web/IVR Delinked	<input type="checkbox"/> Debit Card <input type="checkbox"/> Allotments

8. Agreements and Signatures

By signing below, you, the business, and each authorized signer, (collectively "You"), acknowledge and agree to the terms and conditions, to include applicable disclosures: (1) contained in this and any previously executed Business Relationship Change form and any Business Services Application; (2) of the Business Account Agreements and BECU Business Account Disclosure, all as amended to date; (3) that issuance of each Debit Card or other access device selected in section 6 is specifically requested.

By signing below, whether You are a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), You certify that You, by resolution or otherwise, duly adopted in accordance with Your charter, bylaws, and applicable law, are authorized to request and cause the changes to be implemented, sign up for additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action hereto taken by You is hereby ratified and confirmed. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for BECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

(1) AUTHORIZED SIGNER & TITLE	DATE
(2) AUTHORIZED SIGNER & TITLE	DATE
(3) AUTHORIZED SIGNER & TITLE	DATE
(4) AUTHORIZED SIGNER & TITLE	DATE