

# Certification of Authorized Signers Maintenance Form for a Farm Bureau Organization

## CERTIFICATION OF AUTHORIZED SIGNERS

Persons maintaining a business account on behalf of a legal entity must provide the following information:

### A. ACCOUNT INFORMATION

\_\_\_\_\_  
 Name of Organization

\_\_\_\_\_  
 Account Number(s)

\_\_\_\_\_  
 Name and Title of Person Maintaining the Business Relationship

### B. INDIVIDUAL WITH CONTROL

Please provide the following information for at least one individual with significant responsibility for managing the legal entity, such as: *an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions.*

Individual Name		Position with Business		
Date of Birth	Social Security Number	Phone Number ( <i>Mobile</i> )	E-mail Address ( <i>Required for Online Access</i> )	
Residential Physical Address	City	State	Zip	
Check if applicable - <b>Account Authority:</b> Sign Checks    Receive/Use a Debit Card <b>Online Banking Access:</b> ( <i>View Accounts Only</i> <i>Originate Transactions</i> <i>Administrator</i> )				
If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply:				
_____ <i>Signature</i>			_____ <i>Date</i>	

**CERTIFICATION OF AUTHORIZED SIGNERS (CONT.)**
**C. AUTHORIZED SIGNERS/USERS (If applicable)**

Please provide the following information for any individual who will be designated as an Authorized Signer or User, but has no business ownership or significant responsibility for managing the legal entity.

Individual Name		Position with Business		
Date of Birth	Social Security Number	Phone Number ( <i>Mobile</i> )	E-mail Address ( <i>Required for Online Access</i> )	
Residential Physical Address		City	State	Zip
Check if applicable - <b>Account Authority:</b> Sign Checks Receive/Use a Debit Card <b>Online Banking Access:</b> ( <i>View Accounts Only Originate Transactions Administrator</i> ) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply:				
Signature			Date	

Individual Name		Position with Business		
Date of Birth	Social Security Number	Phone Number ( <i>Mobile</i> )	E-mail Address ( <i>Required for Online Access</i> )	
Residential Physical Address		City	State	Zip
Check if applicable - <b>Account Authority:</b> Sign Checks Receive/Use a Debit Card <b>Online Banking Access:</b> ( <i>View Accounts Only Originate Transactions Administrator</i> ) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply:				
Signature			Date	

Individual Name		Position with Business		
Date of Birth	Social Security Number	Phone Number ( <i>Mobile</i> )	E-mail Address ( <i>Required for Online Access</i> )	
Residential Physical Address		City	State	Zip
Check if applicable - <b>Account Authority:</b> Sign Checks Receive/Use a Debit Card <b>Online Banking Access:</b> ( <i>View Accounts Only Originate Transactions Administrator</i> ) If more than one account is being opened and/or external accounts are being added to Farm Bureau Bank Online Banking, list any account access exclusions that apply:				
Signature			Date	

**AGREEMENT & IMPORTANT TERMS**

**AGREEMENT** - In consideration of Farm Bureau Bank FSB (the “Bank”) providing depository and other services, you (the “Depositor”) agree as follows:

- a. That the Bank be and it hereby is designated a depository for the Depositor’s funds, and the Depositor agrees to the provisions of the Bank’s Deposit Account Terms and Conditions as amended from time to time; that the Bank is authorized to accept at any time, for the credit of the Depositor, deposits by whomsoever made of funds, in any form and in whatever manner endorsed; that funds may be withdrawn from the Bank on the checks of the Depositor; that the Bank is authorized and directed to pay or otherwise honor, negotiate or apply without inquiry, and without regard to the application of the proceeds thereof, checks, drafts and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whosoever payable (including those drawn to the individual order of a signer, tendered for any individual or personal obligation of any owner, employee or officer of the Depositor, or for cash or deposit to the individual or personal account(s) of such owner, employee or officer) when signed, accepted or endorsed by any one of the person(s) named as Authorized Signer.
- b. That any of the persons named as Authorized Signer shall be authorized to individually sign for and receive the statements and cancelled vouchers of the Depositor or to appoint in writing agents to co-sign for and receive such documents; that they are hereby further authorized to effect stop payment orders against checks of the Depositor, to issue other orders in connection with the account(s) of the Depositor, and to bind the Depositor thereto. It is further agreed that any indebtedness created in connection with the account(s) by any of the Authorized Signer(s) shall be the debt of the Depositor.
- c. That the Bank be, and it hereby is authorized and directed to honor as genuine and authorized instruments of the Depositor, all checks, drafts or other orders for the payment of money drawn in the name of the Depositor, when bearing or purporting to bear the facsimile signature or signatures of the persons named as Authorized Signer. That the Authorized Signer(s) are authorized and directed to certify to the Bank by specimen the form or forms of facsimile authorized by the Depositor for use by the named persons; that the Depositor assumes full responsibility for all payments made by the Bank upon the facsimile signatures of any person or any Authorized Signer(s) and that the Depositor agrees to indemnify and hold the Bank harmless against any and all loss, cost, damage or expense suffered or liability incurred by the Bank arising out of the misuse or unlawful or unauthorized use by any person of such facsimile signature or signatures.
- d. Under penalty of perjury, you certify that: (1) The taxpayer identification number shown on page 1 is your correct taxpayer identification number and (2) You are not subject to backup withholding either because you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest and dividends or the IRS has notified you that you are no longer subject to backup withholding.
- e. Authorized Signer(s) - Identifying information about the authorized signer(s) should be provided. These individuals have full authority to act on behalf of the Depositor. This authority includes, but is not limited to, being able to receive any information related to the account, perform any transactions, and make any necessary updates to options and account attributes. For updates to authorized signers, the Bank may request a copy of the board minutes or secondary authorization. Authorized signers, acting on behalf of the Depositor, are bound by the Agreement and Important Terms described on this page. The Depositor has approved or granted each person who signs Section D of page 4 the authority to do so on the Depositor’s behalf.
- f. The Depositor agrees to the terms of, and will receive copies of the following:
  - Deposit Account Terms and Conditions
  - Electronic Funds Transfer: Your Rights and Responsibilities
  - Funds Availability Policy
  - Truth-in-Savings
  - Deposit Fee Schedule