

FOR OFFICE USE ONLY			
SAVINGS NUMBER	AUDITED BY:		
ID NUMBER	ACCT TYPE:		
CHECKING/IMMA DIGIT	DATE		
EMPLOYEE	OFFICE		

□ SUPPLEMENTAL DOCUMENT

## **Business Automated Services Application/Agreement**

Business Name (Required)	
Taxpayer Identification Number (Require	<i>d</i> )
Street Address (Required)	
City/State/ZIP (Required)	
Mailing Address	
City/State/ZIP	
Business Phone(Required)	Email Address(Required)

Business Member has one or more Illinois Educators Credit Union Business Checking, Business IMMA, and/or Business Savings accounts (the "Accounts") and has requested, and Illinois Educators Credit Union has agreed to provide, subject to the terms and conditions of this Agreement, the Business Automated Services indicated below:

**CARD SERVICES** Account access via Automated Teller Machines (ATMs) and Point of Sale Terminals.

- I request the following card services:
  - IECU Debit Mastercard®
  - □ IECU Debit Mastercard® Personal Identification Number (PIN) (Must have an IECU Business Mastercard)

Cardholder Names (if requesting PIN)

## **AUTOMATED SERVICES**

- □ Touch-Tone Teller: Account access via Touch-Tone phone.
- □ Online Access: Account access via personal device with web or app.
  - Requested Login ID

## **ELIGIBLE DESIGNATED ACCOUNTS**

In addition to the accounts maintained by Business Member between which Business Member may transfer funds, Business Member identifies the following accounts as Eligible Designated Accounts to which Business Member requests the authority to transfer funds and/ or from which Business Member may receive the transfer of funds into Business Member's Account:

Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	

Participation in any Business Automated Services Program will permit Business Member to transfer funds between the Accounts maintained by Business Member with Illinois Educators Credit Union, to transfer funds from the Accounts maintained by Business Member with Illinois Educators Credit Union to those non-Business, personal accounts that (i) are eligible, in accordance with terms and conditions established, from time to time, by Illinois Educators Credit Union, to receive or make such transfers, and (ii) are designated by Business Member to participate in such transfers, ("Eligible Designated Accounts") and to receive funds into the Accounts maintained by Business Members from Eligible Designated Accounts in accordance with transactions initiated by the member on such Eligible Designated Accounts.

Terms and Provisions Applicable to Business-Use Automated Services. Business Member confirms that it has received a copy of Business Membership and Account Agreement and Illinois Educators Credit Union's Business Member Automated Services Terms and Conditions Disclosure (the "Disclosure"). and that any and all automated services to which Business Member subscribes, will, at all times, be subject to the terms and provisions of the Business Deposit Account Agreement, the Disclosure, and this Agreement. The terms and provisions applicable to each Business Automated Service Program shall be as Illinois Educators Credit Union may, from time to time, establish and any deletions, additions, modifications, or other changes Illinois Educators Credit Union may make shall be applicable to Business Member's use of such Business Automated Service Program as so changed. Business Member acknowledges the receipt of a brochure describing each of Illinois Educators Credit Union's Business Automated Services Programs and further agrees and acknowledges that the changes shall be made in accordance with the amendment procedures set forth in the Business Deposit Account Agreement.

**Entire Agreement.** This Agreement, together with the Business Deposit Account Agreement, Illinois Educators Credit Union's Business Member Automated Services Terms and Conditions, and Illinois Educators Credit Union's Business Deposit Account Rate Schedule, shall constitute the entire agreement between Business Member and Illinois Educators Credit Union with respect to the Business Services Programs and supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof and contains all of the covenants and agreements between the parties with respect to said matters.

**Governing Law and Arbitration.** This Agreement shall be construed, interpreted, enforced, and governed, in all respects, in accordance with the law of the State of Illinois. Business Member agrees that any dispute arising under this Agreement whether before or after termination hereof, which is not first settled by mutual agreement of the parties, shall be submitted to binding arbitration in the City of Peoria, Illinois, under the Commercial Arbitration Rules then prevailing of the American Arbitration Association.

**Note:** For your account protection, you must use Password(s) to access Illinois Educators Credit Union On-Line and Bill Pay service; and you must use a PIN to access Touch-Tone Teller. Your accounts cannot be accessed without the Password(s)/PIN. Accordingly, your Password(s)/PIN should be kept confidential.

Authorized Representatives to Initiate Automated Services Transactions.

The people who are authorized by resolution to transact business on the Accounts as identified in resolutions submitted by Business Member are authorized to initiate Automated Services transactions on the Accounts. Those people's names are set forth below. Any such person shall continue to be authorized to initiate Automated Services transactions on the Account until Business Member provides written notice to Illinois Educators Credit Union that any such person is no longer authorized. Business Member's authorized representatives must be listed on the Business Member's current Business Depository Resolution on file with Illinois Educators Credit Union.

**Execution.** Business Member represents and warrants to Illinois Educators Credit Union that the individuals signing this Agreement below have the full authority to bind Business Member to the terms and conditions and that this Agreement and the performance of the covenants hereof is fully authorized by and binding upon Business Member.

**In witness whereof,** Business Member evidences its agreement to the foregoing terms and provisions of this Agreement by signing below and evidences the Business Use Automated Services Programs for which it wishes to subscribe by checking the box opposite each Business Automated Services Program.

Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	
Business or Member Name	Account Number	

**REQUIRED:** Business and individual names must be included on cards. *Limit: 21 characters, including spaces* 

 Business Name Imprinted on Card

 Account holders to be reviewed for application

 Account holders to be reviewed for application (cont.)

 Name Imprinted on Card

 Name Imprinted on Card

SAVINGS NUMBER		LETTER SENT/GIVEN		Date	Initial
CHECKING/ IMMA DIGIT		AA NOTICE SENT/GIVEN		Date	Initia
	Approve		Date Oper	ned	Initials
Business Debit Card		$\bigcirc$	Date oper	leu	mitiale
Business Debit Card PIN	$\bigcirc$	$\bigcirc$			
	$\bigcirc$	$\bigcirc$			
Touch-Tone Teller	0	0			
EFT Limits ATM			Debit		
Card Denial Reason(s)			Explanat	tion if A c	r B
Ву	Offi	се	Com 15	3	
Sav Op			Avg Ba	I	
Ckg Op			Avg Ba	I	
Card Number Assigned					
Cardholder Name					
Business Name					
Card Number Assigned					
Cardholder Name					
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