



## Instructions for Opening Business Deposit Products

- Complete the Business Deposit Account Application and Certification of Authority form
- Send the completed application and supporting documentation along with your initial deposit to:

**Farm Bureau Bank**  
**P.O. Box 33427**  
**San Antonio, TX 78265-9865**  
**OR**  
**Fax: 1.866.913.5087**

- Source of funds:  Check  ACH  Net Deposit  Internal Transfer  Credit Card  
For wire transfers, send the completed documents to Farm Bureau Bank at the above address and use the following wire transfer instructions:

**ABA Routing and Transit Number: 121281892**  
**Bank Name: Farm Bureau Bank**  
**City: Sparks, Nevada**  
**For Credit to: Your Organization's Name**  
**and Federal Tax ID Number**

- In order to expedite account opening, please see if any documentation on the list pertains to your business and include a copy with your application:
  - IRS Trust Letter and the first/last page of trust (trust account)
  - Copy of Assumed Name Certificate / DBA (sole proprietorship)
  - Copy of Articles of Incorporation (corporation)
  - Copy of Partnership Agreement (partnership)
  - IRS Determination Letter (non-profit)
  - Copy of Business License
  - Or official Local, State, or Federal document that establishes existence
- As soon as your account has been opened, we will mail your:
  - New account package, containing your account disclosures that will pertain to your account.
  - Checks and/or Debit Card, as applicable

**If you have any questions, please contact**  
**Farm Bureau Bank at 1-800-492-3276**

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 the account. What this means for you: 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.

# Business Deposit Account Application

\$100 minimum to open Money Market Savings Account or Performance Checking Account  
 \$1,000 minimum to open a Certificate of Deposit (CD), \$50,000 minimum to open a Jumbo CD

## 1. Please Tell Us About Yourself:

Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC  Trust  Other \_\_\_\_\_

Name of Organization/Trust		Taxpayer ID Number	
Mailing Address		Suite Number	
City	State	Zip	
Physical Address		Suite Number	
City	State	Zip	
Work Phone ( ) -	E-mail Address		

## 2. Account Information:

**Business Checking**  
 Initial Deposit Amount \$ (Make Check Payable to Farm Bureau Bank FSB)

**Performance Checking** (Only Sole Proprietorship or Non-profit.)  
 Initial Deposit Amount \$ (Make Check Payable to Farm Bureau Bank FSB)

**Money Market Savings Account**  
 Initial Deposit Amount \$ (Make Check Payable to Farm Bureau Bank FSB)

**CERTIFICATE OF DEPOSIT**  
 Initial Deposit Amount \$ (Make Check Payable to Farm Bureau Bank FSB)

Term  Months  Years      Maturity Date Requested / /

Rate %      APY %

**VISA® Debit Card Access**  
 **YES, I would like a free VISA® debit card.**

**Overdraft Protection:** Linking your FBB credit card or Money Market Savings Account to your account will protect you from returned checks and overdraft charges.

**FBB MMSA**     **Farm Bureau Bank VISA® or MasterCard®**  
 Account Number

**Account Access Options**  
 **YES, I would like to access my account through the Internet.**  
 **YES, I would like the E-Option, (Internet access required.)**

**Step-Up Option (1-5 year CD only)**  
 (Step-Up Option allows a one time rate increase during your CD term. You choose when to use this option.)  
 Interest will be applied to the balance of the CD on a monthly basis or:

**Transfer to my FBB Deposit account #**

**Transfer to another bank account #**

Routing #

## 3. Complete The Following If The Depositor Is A Corporation:

**THE UNDERSIGNED**, being the secretary of \_\_\_\_\_ (name of depositor), a corporation organized pursuant to the laws of the State/Commonwealth of \_\_\_\_\_ (state of incorporation/organization), hereby certifies that the following is a true and correct copy of the resolution of the Board of Directors of the Depositor, adopted at a meeting of said Board of Directors which was duly called and held in accordance with the laws of State/Commonwealth pertaining thereto and with the articles of incorporation/articles of association/charter and bylaws of the Depositor, and at which a quorum of the Board of Directors was present and a majority of the Board of Directors voted in favor of the resolutions, which have not been rescinded or revoked.

**RESOLVED**, that the officers of the Corporation are hereby authorized to establish a depository relationship with Farm Bureau Bank FSB and to execute the Certification Authorizing Business Account in the form attached hereto and make a part hereof, that the authority conferred upon the officers of the Corporation by the certification authorizing business accounts shall not be revoked, altered or changed in so far as Farm Bureau Bank FSB is concerned; and that the Bank shall not be affected or bound by any revocation, alteration or change until written notice of the same, signed by the President or Secretary of the Corporation, shall have been delivered to Farm Bureau Bank FSB at the address set forth in the Bank's Deposit Account terms and Conditions as amended from time to time.

**IN WITNESS WHEREOF**, I have subscribed my name and affixed the seal of the Corporation on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Corporate Secretary**

(Corporate Seal)

## 4. Complete The Following If The Depositor Is An Unincorporated Business:

Signatures of owner (sole proprietorship), all general partners (partnership or joint venture) or members of the Board of Directors (unincorporated association) of Depositor.

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 5. To Open A Performance Checking Account, The Depositor Must Complete The Following: (Sole Proprietorship or Non-Profit Only)

Depositor understands that to be eligible to hold a Performance Checking Account, Depositor must be a not-for-profit organization described in the Internal Revenue Code or a sole proprietorship. Depositor represents and warrants to Farm Bureau Bank FSB that it meets this requirement.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

## For Office Use Only:

Funding Source:  Check  ACH  Net Deposit  Internal Transfer  Credit Card

ITC: \_\_\_\_\_ FSR/BSR: \_\_\_\_\_ RSC: \_\_\_\_\_

Account Number:	OPENED	LETTER	CHECKS	DEBIT	AUDIT	SCANNED
_____	_____	_____	_____	_____	_____	_____



## CERTIFICATION OF AUTHORITY Business Deposit Account

To: Farm Bureau Bank FSB (the "Bank")  
17300 Henderson Pass  
San Antonio, TX 78232

**Name of Organization:** \_\_\_\_\_ (the "Depositor")

**Date:** \_\_\_\_\_, 20 \_\_\_\_\_

**In Consideration of the Bank providing depository and other services, the Depositor agrees as follows:**

1. 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 following:

*Please print or type the requested information for each authorized individual*

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Check to issue Visa® Debit Card in this name     Check for authorization of facsimile signature (See Section 3)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Check to issue Visa® Debit Card in this name     Check for authorization of facsimile signature (See Section 3)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Check to issue Visa® Debit Card in this name     Check for authorization of facsimile signature (See Section 3)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Check to issue Visa® Debit Card in this name     Check for authorization of facsimile signature (See Section 3)

2. That any of the above named persons 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 above named persons shall be the debt of the Depositor.

3. That the Bank be, and it hereby is authorized and directed to honor as genuine and authorized instruments of the Depositor, any and 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 any individual marked above.

That the persons named in paragraph number one above 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 above named person or persons; that the Depositor assumes full responsibility for all payments made by the Bank upon the facsimile signatures of any person or persons named above; 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.

4. Depositor understands that to be eligible to hold a Performance Checking account Depositor must be a not-for-profit organization as described in the Internal Revenue Code, or a sole proprietorship. Depositor represents and warranty to Farm Bureau Bank FSB that it meets this requirement, and agrees to indemnify the Bank and to hold the Bank harmless against any and all loss, cost, damage or expense suffered or liability incurred by the Bank in the event that Depositor does not meet such requirement.