



**BUSINESS ACCOUNT OPENING CARD**  
**COMMUNITY ASSOCIATION BANKING**

ACCOUNT TITLE \_\_\_\_\_  
 ACCOUNT TAX ID NO. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 COMBINE STATEMENT WITH PRIMARY ACCT# \_\_\_\_\_  
 BUSINESS STREET ADDRESS \_\_\_\_\_  
 BUSINESS MAILING ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

*(If different)*

**AUTHORIZED SIGNERS**

1. LEGAL NAME				TITLE	SSN
SIGNATURE					DOB
HOME ADDRESS					
MOTHER'S MAIDEN NAME	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
IDENTIFICATION					
2. LEGAL NAME				TITLE	SSN
SIGNATURE					DOB
HOME ADDRESS					
MOTHER'S MAIDEN NAME	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
IDENTIFICATION					
3. LEGAL NAME				TITLE	SSN
SIGNATURE					DOB
HOME ADDRESS					
MOTHER'S MAIDEN NAME	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
IDENTIFICATION					
4. LEGAL NAME				TITLE	SSN
SIGNATURE					DOB
HOME ADDRESS					
MOTHER'S MAIDEN NAME	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
IDENTIFICATION					

By signing above, I/We certify that I/We are authorized to act on behalf of the Business, and guarantee to Rockland Trust Company (the "Bank") the genuineness of the signature of each Authorized Signer. I/We further certify that the information provided in connection with the Account is true and complete. I/We also agree that the Business will hold the Bank harmless for any actions of an authorized officer, agent or signer in connection with the Account.

I/We certify that the Business agrees to be bound by the terms and conditions of the Bank's Deposit Account Agreement, including without limitation, any applicable fees and charges imposed by the Bank, as amended from time to time, and any other account opening documentation executed with the Bank on behalf of the Business.

I/We authorize the Bank to request and obtain from time to time, credit reports or other information from any reporting agencies including, but not limited to, Efunds on the Business as well as any authorized officers, agents or signers.

Under penalties of perjury, the Business (account owner) identified above, by its authorized representative, certifies that:

- The number shown on this form is the correct taxpayer identification number of the Business (or the Business is waiting for a number to be issued), **and**
- The Business is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Business that it is no longer subject to backup withholding, **and**
- The Business is a U.S. person (including a U.S. resident alien) or is organized under the laws of the United States or the laws of any state of the United States.

**Certification Instructions: You must cross out item 2 above if the Business has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Authorized Officer/Agent of the Business

DATE OPENED: \_\_\_\_\_ BRANCH: \_\_\_\_\_ OPENED BY: \_\_\_\_\_ Efunds: \_\_\_\_\_

RESOLVED THAT \_\_\_\_\_ (name) is the Management Company of this Association and is authorized for and on behalf of the Association, to open or maintain accounts with Rockland Trust Company.

FURTHER RESOLVED THAT:

The persons or combination of persons listed as signers on the signature card are authorized to endorse on behalf of this Association, any check or other items payable to the Association or its order to deposit such checks or other items into the account(s) with or without such endorsement and to direct withdrawals from the account by check drawn on the account or otherwise, including withdrawals payable to anyone who is an authorized signer.

The Association hereby agrees to the terms and conditions of the Business Deposit Account Agreement and ratifies and confirms the acts of its officers, agents, or employees in heretofore opening an account with Rockland Trust Company, together with any acts performs in relation thereto.

The authorized signers to this (these) account(s) may be added or deleted only upon the written authorization of any two (2) authorized signers other than the signers being added or deleted. Acceptance of such instructions, by Bank, is deemed conclusive.

\_\_\_\_\_ (name) is designated as the Association's managing agent or other representative as of the date of the agreement, and is authorized to complete agreements for special handling services on behalf of the Association, including but not limited to, courier services, funds transfer authorizations and lockbox services. Payment of costs and/or fees, if any, for such service(s), is a matter of negotiation between the Association and managing agent, or other representative.

The Bank may provide information relating to account status and activity to the Association's managing agent or other representative which in the reasonable judgment of the Bank is acting in such capacity for certain account activity and transactions including, but not limited to, placement of stop payment orders, transfer of funds between accounts of the Association at the Bank and disposition of proceeds from matured certificates of deposits.

If the Association has required two (2) or more signatures on checks, the Association understands the limitations of account monitoring and agrees that the Bank will not be liable for paying a check that is missing one or more such signatures.

If the Association uses a stamp or other device to imprint a facsimile signature of an authorized signer the Association is responsible for the use of the stamp or other device. The Association agrees to provide the Bank with a sample of such facsimile signature prior to the Bank's acceptance and that the Bank may pay any check or other payment order bearing the facsimile signature regardless of who placed the signature on the check or payment order.

The Association's managing agent or other representative is authorized to receive and review bank statements on behalf of the Association.

The Association will promptly report to the Bank, in writing, the dismissal or other termination of the Association's management agent or other representative authorized to receive information or give instructions to the Bank under this agreement. The Association will also promptly report to the Bank, in writing, any breach of confidentiality of any security procedures and any suspicion by the Association that confidentiality may be or has been breached.

The Bank is responsible only for the use of ordinary care in the receipt and action upon instruction received from the Association's managing agent or other representative, which the Bank in its reasonable judgment believes is acting in such capacity. The Association agrees to indemnify and hold harmless and defend the Bank from and against any and all actions, claims, demands, liability, loss damages or expenses of any nature including interest, costs and attorney's fees which may arise out of or occur in connection with any action taken pursuant to this agreement, other than resulting from the gross negligence or misconduct of the Bank or its employees or agents.

I certify that I am the secretary/trustee of \_\_\_\_\_. The foregoing is a copy of resolutions adopted by the Board of Directors of said organization at a meeting duly called and held, at which a quorum was present, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

The signature card signed by said officer of this Association is the signature card contemplated by the foregoing resolutions. All of the signatures appearing for authorized signers on the signature card referenced by said resolutions are those on the person authorized to withdraw funds in accordance with said resolutions until such authority is revoked by giving written notice to the Bank signed by authorized officers of this Association until such time, these resolutions are still in force and unmodified.

Date: \_\_\_\_\_ Signature of Secretary/Trustee: \_\_\_\_\_

Signature of Confirming Officer/Trustee: \_\_\_\_\_

Additional Account Numbers Opened Under This Agreement: *(Initial account reflected on front of document)* \_\_\_\_\_

Date Opened	Account Number	Product Type	Date Opened	Account Number	Product Type