Business Member Service Agreement



141 Harvest Lane • PO Box 527 • Williston, VT 05495 nefcu.com • 802-879-8790 • 800-400-8790

| EMBER NUMBER | | ACCOUNT(S) | | | | |
|--|--|--|--|--|--|--|
| EPRESENTATIVE(S) I | NFO (A representative (a "S | Signer" in our data processor) may start, conduct train | nsactions, change, add and term | inate an account, product or service for the b | ousiness or org | anization.) |
| epresentative 4 Name | Title | Physical Home Address | | City | State | ZIP |
| me Phone | Mobile Phone | Mailing Address (if different fr | om physical address) | City | State | ZIP |
| mail | | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date |
| nployer/Retired From | | Occupation/Profession | | Work Phone | | |
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| presentative 5 Name | Title | Physical Home Address | | City | State | ZIP |
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| nail | | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date |
| ployer/Retired From | | Occupation/Profession | | Work Phone | | |
| | | | | | | |
| ORMATION USER I | NFO (An information user | (a "Limited Access Role" in our data processor) will | have a limited acess role and ca | n access information about the business or | org. for the ac | counts listed above.) |
| ormation User Name | Title | Address | | City | State | ZIP |
| me Phone | Mobile Phone | Mailing Address (if different fr | om physical address) | City | State | ZIP |
| nail | | Social Security Number | Date of Birth | Driver's License Number | State | Exp. Date |
| ployer/Retired From | | Occupation/Profession | | Work Phone | | |
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