

**Team Packet Overview:**

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**PURPOSE:** Use this packet as a guide to setup and manage individual team checking accounts under the general authority of your team.

The Teams Executive Director grants and manages team account access and online banking setup.

Page 2: Create a New Team Account or Change Authorized Signers

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**To Access Team Accounts**

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**DEPOSITS:** Team Officers can conveniently deposit into their team accounts by using our pre-addressed deposit envelopes or by contacting Commercial Deposit Services at [CDS@homestreet.com](mailto:CDS@homestreet.com) or 1.855.318.3737

HomeStreet Bank also provides mobile deposit via mobile Banking.

**PAYMENTS:** Team Officers will typically access funds by writing checks or by using an ATM/debit card.

**ON-LINE:** Each team officer with online banking access must have a unique online banking user ID and password. For more information or assistance with your account, please contact Commercial Deposit Services at [CDS@homestreet.com](mailto:CDS@homestreet.com) or toll free at 1.855.318.3737.

**CUSTOMER SERVICE:** Contact Commercial Deposit Services at:  
[CDS@homestreet.com](mailto:CDS@homestreet.com)  
206.753.3601 or 1.855.318.3737

**Create a New Team Account or Change Authorized Signers**

**Team Officer:** *Check all Applicable*

I am a new officer for an *existing* team and we are removing former officer (insert name): \_\_\_\_\_

I am a new officer for a *new* team

Complete the "Agent and/or Temporary Signer Form", and for each authorized signer, attach a completed "Customer Information Profile" and a clear copy of signer's driver's license or passport.

**Note:** If necessary, coordinate and obtain these signed documents from additional team officer(s).

Yes, I require new team account checks.

Enter mailing address for delivery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I require access to Business E-Banking.

Name: \_\_\_\_\_ Preferred User ID: \_\_\_\_\_ Email: \_\_\_\_\_

Cellular: \_\_\_\_\_ Home Phone: \_\_\_\_\_ (needed for online banking access)

Yes, I require an ATM/Debit Card (*Attach Business Visa Check Card Agreement in packet*).

Name: \_\_\_\_\_

Forward the packet by email to the Executive Director at [executivedirector@seattleunited.com](mailto:executivedirector@seattleunited.com)

or via US Mail to: Seattle United, 650 South Orcas Street #220, Seattle, WA 98108

**SUFC Executive Director:**

1. Authorize Agent Signers by signing the Resolution and completing and signing the Business Visa Check Card Agreement, if appropriate.
2. Create or update Team Officer online access through the Administration tab in online banking.
3. Return complete packet to Commercial Deposit Services, HomeStreet Bank, 33405 8<sup>th</sup> Ave South Federal Way, WA 98003.

**Agent and/or Temporary Signer Form:**

Team Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Agent(s)

I (We) hereby request the following authorities:

- Sign checks and withdrawals on my (our) team account at HomeStreet Bank, and I (we) hereby direct said bank to pay the same. This authority/assignment shall continue in force until revoked in writing by the undersigned officer of SUFC,
Originate electronic payments from the team account (including ATM and/or check card transactions),
Perform telephone transfer requests between the team's accounts at HomeStreet Bank, inquire and receive account history information, and request stop payments

The undersigned agrees to be bound by the Terms and Conditions governing accounts at HomeStreet Bank (receipt of a copy is hereby acknowledged), and by any changes, modifications, or additions thereto)

X: \_\_\_\_\_ X: \_\_\_\_\_
Agent Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_
Title: Team Officer \_\_\_\_\_ Title: Team Officer \_\_\_\_\_

Resolutions

I (We) hereby authorize and grant the authorities above to the "Authorized Agent(s)". I (we) further agree to indemnify and hold harmless HomeStreet Bank from any loss or damage it may sustain through relying upon the apparent authority of any agent before actual notice thereof is received by Commercial Deposit Services, HomeStreet Bank, 33405 8th Ave South, Federal Way, WA 98003.

X: \_\_\_\_\_ Title: Executive Director \_\_\_\_\_
Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Revocation of Authorization

This Authorization is hereby revoked upon receipt of this signed revocation by Commercial Deposit Services, HomeStreet Bank, 33405 8th Ave South, Federal Way WA 98003:

X: \_\_\_\_\_ Title: Executive Director \_\_\_\_\_
Officer/Team Manager being removed: \_\_\_\_\_ Date: \_\_\_\_\_

**Visa Business Check Card and ATM Card Agreement**

This agreement, dated \_\_\_\_\_ is between **HomeStreet Bank** and \_\_\_\_\_ (hereinafter referred to as "Customer").

**Recitals:**

1. HomeStreet Bank offers its business depositors a Visa Business Check Card or an ATM Card whereby the depositor may use the card to make purchases and cash withdrawals which are debited against the depositor's account(s).
2. Customer maintains a business checking account with HomeStreet Bank, and is requesting a Visa Business Check Card or an ATM Card for use by its authorized employees and agents.

**Agreement:**

HomeStreet Bank agrees to issue a Visa Business Check Card or an ATM Card to Customer. Customer will be responsible for determining which employees and agents are authorized to use the card(s), and what limitations to place on the use of the card(s) by the authorized employees and agents. All purchases, cash withdrawals, and cash advances made with the Visa Business Check Card(s) or ATM Card(s) will be debited against Customer's account number(s) \_\_\_\_\_ . If any transaction made with any card causes the account to be overdrawn, Customer promises to pay the overdraft and applicable charges on demand.

Under Visa Operating Rules, Business Visa Check Card holders will not be held liable for any unauthorized signature based transaction. However, PIN-based transactions (those approved when you have keyed in your secret PIN) including ATM withdrawals are not covered by this rule, nor are they covered by the liability limitations of Regulation E which apply solely to consumer ATM and check cards. PIN-based unauthorized transactions may not be reimbursed.

Transactions performed by a business co-owner, a cardholder, or a person authorized by a cardholder, or other person with an interest in or authority to transact business on the account will not be reimbursed. Any transaction by a cardholder that exceeds the authority given by the Business Check Card account owner will not be reimbursed.

Except where protected by Visa's Zero Liability policy for unauthorized signature-based transactions, Customer agrees to indemnify and hold HomeStreet Bank harmless from all losses, claims, expenses (including attorney's fees and costs), and other liabilities that HomeStreet Bank incurs resulting from or in any way connected with the Visa Business Check Card or ATM Card issued to Customer, its agents or employees.

Customer's rights and responsibilities regarding the Visa Business Check Card and ATM Card are governed by this Agreement and the deposit agreement governing Customer's account(s) referenced above. In the event of any inconsistency between the terms of this Agreement and the deposit agreement regarding the Visa Business Check Card or ATM Card, the terms of this Agreement shall apply. HomeStreet Bank reserves the right to revoke or restrict the use of Customer's card at any time if, in HomeStreet Bank's sole discretion, we determine that the revocation or restriction is necessary. Customer hereby acknowledges that the provisions of Regulation E, including the dispute resolution process, do not apply to the Visa Business Check Card(s) or ATM Card(s) issued to Customer pursuant to this agreement.

The following individuals are authorized to Check Card or be issued a Visa ATM Card: (circle one)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Authorized Customer Signature**

X: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Executive Director

**HomeStreet Bank**

X: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

This information is collected strictly for security purposes. In the event that unusual transactions occur on your card, you will be contacted by a security individual representing HomeStreet Bank. All fields are required in order to issue a card.

1. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Identification: \_\_\_\_\_  
Code Word Printed: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_
2. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Identification: \_\_\_\_\_  
Code Word Printed: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_
3. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Identification: \_\_\_\_\_  
Code Word Printed: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_
4. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Identification: \_\_\_\_\_  
Code Word Printed: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_
5. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Identification: \_\_\_\_\_  
Code Word Printed: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT & AUTHORIZATION  
TO OBTAIN PERSONAL CREDIT INFORMATION**

**\*\*FORM MUST BE COMPLETED FOR ALL NEW HOMESTREET CUSTOMERS BY HOMESTREET PERSONNEL\*\***

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 an account (which include deposit accounts, loans, safe deposit, and investment accounts).

What this means for you: When you open an account or loan, or are named as a signer, guarantor, trustee, general partner, or certain other principals of legal entities, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We must also see a qualifying photo ID; a current Driver's License, Passport, State ID, Military ID, Permanent Resident Alien Identification card, or a Concealed Weapons Permit (with photo). For business related customers we will also require appropriate documentation to verify the existence of the business. Identification provided must not be expired. ***Your understanding and cooperation with these requirements are appreciated.***

**INDIVIDUAL AND BUSINESS CUSTOMERS**

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1. Full Legal Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Residential Street Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (optional): \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Customer Occupation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Business Contact Email: \_\_\_\_\_

Code Word: \_\_\_\_\_ Code Word Hint: \_\_\_\_\_

Are you a U.S. Citizen?          YES          NO      Country of Origin: \_\_\_\_\_

If you are not a U.S. Citizen, check the box if you are a:      Resident Alien          Non-Resident Alien

Driver's License or Passport Information: *Please complete this section AND provide a physical government issued ID for review.*

ID Type and Number: \_\_\_\_\_

State of ID Issued: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

The undersigned certifies the above information to be true and correct:

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Signature of Individual Signer Named Above

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Date

2. Full Legal Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_  
Residential Street Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (optional): \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Customer Occupation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Business Contact Email: \_\_\_\_\_

Code Word: \_\_\_\_\_ Code Word Hint: \_\_\_\_\_

Are you a U.S. Citizen?          YES          NO      Country of Origin: \_\_\_\_\_

If you are not a U.S. Citizen, check the box if you are a:      Resident Alien          Non-Resident Alien

Driver's License or Passport Information: *Please complete this section AND provide a physical government issued ID for review.*

ID Type and Number: \_\_\_\_\_

State of ID Issued: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

The undersigned certifies the above information to be true and correct:

Signature of Individual Signer Named Above

Date

3. Full Legal Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Residential Street Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (optional): \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Customer Occupation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Business Contact Email: \_\_\_\_\_

Code Word: \_\_\_\_\_ Code Word Hint: \_\_\_\_\_

Are you a U.S. Citizen?          YES          NO      Country of Origin: \_\_\_\_\_

If you are not a U.S. Citizen, check the box if you are a:      Resident Alien          Non-Resident Alien

Driver's License or Passport Information: *Please complete this section AND provide a physical government issued ID for review.*

ID Type and Number: \_\_\_\_\_

State of ID Issued: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

The undersigned certifies the above information to be true and correct:

Signature of Individual Signer Named Above

Date