BUSINESS, CHAPTER OR FEDERATION MEMBERSHIP APPLICATION & AGREEMENT

Phone: 703.914.8700 or 540.986.0652
Fax: 703.245.0540
infirstfcu.org

Date	Business Name/Chapter/Federation	Account Number

Account Type(s): ☐ Prime Savings ☐ Checking ☐ Share Certificate ☐ Money Market

Business Classification: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Limited Liability Company ☐ Corporation ☐ Limited Partnership ☐ Unincorporated Association ☐ Non-Profit Corporation

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 an Account.

What this means for You: When You open an Account, We will ask You 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.

Account Owner Information

Business/Chapter/Federation Name			SEG/Chapter Number		Years In Business
Physical Address	Apt/Box	City		State	Zip
Mailing Address	Apt/Box	City		State	Zip
Business Telephone Number	Business Fax Number	Business E-Mail Address			No. of Employees
Social Security Number/Employer Identification Number	Contact(s)				Annual Income

Business Owner/Officer 1 Information

Name				Title
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Annual Income	

Business Owner/Officer 2 Information

Name				Title
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Annual Income	

Business Owner/Officer 3 Information

Name				Title
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Annual Income	

Business Owner/Officer 4 Information

Name				Title
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer	Annual Income	

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Electronic Services

You are requesting the convenience of 24-hour access to Your Credit Union Account with ATM Card, VISA Check Card, Audio Teller, Online Banking, and/or Mobile Banking, in conjunction with a Personal Identification Number (PIN) or Access Code. Your ATM Card and VISA Check Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines. Your VISA Check Card will also allow You to pay for services and purchases directly from Your checking account. You would like:

☐ ATM Card (savings only) ☐ VISA Check Card ☐ Audio Teller ☐ Online Banking ☐ Mobile Banking

Request to Receive Electronic Documentation

☐ If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify that: (1) The number shown on this form is Your correct taxpayer identification number (or You are waiting for a number to be issued to You); and (2) that unless You have indicated to the contrary, You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding; (3) that unless You have indicated to the contrary, You are a U.S. citizen or other U.S. person (defined below); and (4) that unless You have indicated to the contrary, the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

Certification instructions. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must check the appropriate box below.

☐ You are subject to backup withholding ☐ You are a foreign person and not a U.S. resident alien ☐ You are not exempt from FATCA reporting

Definition of a U.S. person. For federal tax purposes, You are considered a U.S. person if You are:
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations 26 CFR § 301.7701-7).

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) or W-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities), which can be obtained from a Credit Union representative or the IRS.

Authorized Signers

Unless We receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this application and transact any other business related to such Accounts now or in the future. InFirst Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name	Title	Driver's License Number / State
_____	_____	_____
Signature:_____		
_____	_____	_____
Signature:_____		
_____	_____	_____
Signature:_____		
_____	_____	_____
Signature:_____		

Signatures

You hereby apply for membership with InFirst Federal Credit Union. You warrant that You are authorized to apply for such membership and establish such Account(s), and You further warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of InFirst Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a business Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition or deletion of Authorized Signer(s) of Your Account(s). Your signature below is Your continuing authorization for InFirst Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Business Owner/Officer #1 Signature	Date	Business Owner/Officer #2 Signature	Date
Business Owner/Officer #3 Signature	Date	Business Owner/Officer #4 Signature	Date

Credit Union Use Only

_____Membership Officer _____Date Approved _____Membership Number

Date of Membership _____ Opened by _____ Photo ID Verified:_____

_____Credit Report _____OFAC _____ID Verified

_____ChexSystem _____Agreements and Disclosures Provided _____Rate Supplement and Fee Schedule Provided

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