



www.infirstfcu.org

Phone: 703.914.8700 or 540.644.9515 • Fax: 703.245.0540

6462 Little River Turnpike 4483 James Madison Parkway

Alexandria, VA 22312

King George, VA 22485

BUSINESS, CHAPTER OR FEDERATION MEMBERSHIP APPLICATION & AGREEMENT

Date	Business Name/Chapter/Federation	Account Number
Account Type(s):	<input type="checkbox"/> Prime Savings	<input type="checkbox"/> Checking
Business Classification:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership
	<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Money Market
		<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> 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	

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

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; and (2) that unless You have indicated to the contrary, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding, or You are exempt from backup withholding; and (3) unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien).

☐ You are subject to backup withholding ☐ You are a foreign person and not a U.S. resident alien (complete W-8BEN)

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