

BUSINESS MEMBERSHIP APPLICATION



BUSINESS INFORMATION

Business Name	<input type="checkbox"/> New Application	<input type="checkbox"/> Updated Application
Street	<input type="checkbox"/> Saving	<input type="checkbox"/> Checking _____
City/State/Zip	Account No.	
Phone	TIN	
Business Description	Date Established	
Estimated Annual Deposits	Source of Funds	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership

BUSINESS ELIGIBILITY

The business is a credit union approved company or organization. SEG or SAG #:

A business owner _____ (business owner's name) qualifies for membership as follows:

I am a current member

I work for, am retired from, or am a member of _____; a credit union-approved company or organization. SEG or SAG #: _____

I work/live/worship/volunteer in a credit-union approved area, _____ (list the CDFI area.)

I am an immediate family member of _____ who works for a credit-union approved company or organization. SEG or SAG #: _____

I am a household member of _____ (name of member).

Partners 1st FCU, its affiliates, agents and service providers may contact me at any telephone number that I provide now or in the future that is associated with my account regarding products and services that I may qualify for. These numbers include but are not limited to home phones, cell phones, wireless telephone numbers, and/or other wireless devices, regardless of whether I incur charges as a result. Partners 1st FCU, its affiliates, agents and service providers may contact me using the following methods: text messages, pre-recorded/artificial voice messages, and/or use of an automatic dialing system, as applicable.

I certify that I am the subscriber of all telephone numbers provided to Partners 1st FCU. Standard rates and fees may apply from my telephone provider. I understand that I am not required to provide my consent as a condition of receiving any service from Partners 1st FCU and that I have the right to revoke consent for any and all telephone numbers provided at any time. I may revoke that consent either by e-mailing Partners 1st FCU or by notifying Partners 1st FCU through any other reasonable means.

- I authorize Partners 1st FCU to contact me at any telephone number that I provide now or in the future that is associated with my account.
- I DO NOT authorize Partners 1st FCU to contact me at any telephone number that I provide now or in the future that is associated with my account.

Business Owner (1): _____ Business Owner (2): _____ Date: _____

eSTATEMENTS (choose one):

eStatement Agreement – I/We elect to obtain my Partners 1st FCU account information online only (eStatements). I/We understand that we must enroll for online banking and agree to the terms and conditions of the eStatements service. I/We understand that Partners 1st FCU will mail a paper account statement at any time, upon request (a fee may apply - see Rate & Fee Schedule).

I/We DO NOT wish to receive eStatements. I/We will receive paper account statements in the mail. I/We understand that a fee may apply (see Rate & Fee Schedule).

CERTIFICATION

Under penalties of perjury, the undersigned certifies on behalf of the account owner that:

- The number shown on this form is the correct taxpayer identification number for this account owner (or the account owner is waiting for a number to be issued), and
- The account owner is not subject to backup withholding because: (a) it is 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, and
- The account owner is a 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 Regulations section 301.7701-7), and
- The FATCA code(s) entered on this form (if any) indicating that the account owner is exempt from FACTA reporting is correct.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Citizen.

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

Signature of U.S. Person _____	Date _____	Exempt payee code (if any) _____
		Exemption from FATCA reporting code (if any) _____

BUSINESS DOCUMENT VERIFICATION

Verified By: _____ Br. #: _____

Document Type

Third Party (ChexSystems)

AGENTS		ACCOUNT NUMBER:	
Name 1		Title	SSN
Street		Date of Birth	
City/State/Zip		Email	
Phone – Home, Work, & Cell			
Name 1 Document Verification		Verified By:	Br. #:
ID Type:	ID#:	Place of Issuance:	Date Issued: Exp. Date:
Other Document:		Describe:	
Third Party (ChexSystems):			
Name 2		Title	SSN
Street		Date of Birth	
City/State/Zip		Email	
Phone – Home, Work, & Cell			
Name 2 Document Verification		Verified By:	Br. #:
ID Type:	ID#:	Place of Issuance:	Date Issued: Exp. Date:
Other Document:		Describe:	
Third Party (ChexSystems):			
Name 3		Title	SSN
Street		Date of Birth	
City/State/Zip		Email	
Phone – Home, Work, & Cell			
Name 3 Document Verification		Verified By:	Br. #:
ID Type:	ID#:	Place of Issuance:	Date Issued: Exp. Date:
Other Document:		Describe:	
Third Party (ChexSystems):			
Name 4		Title	SSN
Street		Date of Birth	
City/State/Zip		Email	
Phone – Home, Work, & Cell			
Name 4 Document Verification		Verified By:	Br. #:
ID Type:	ID#:	Place of Issuance:	Date Issued: Exp. Date:
Other Document:		Describe:	
Third Party (ChexSystems):			
<p>Identification Requirements: Pursuant to federal law, Partners 1st Federal Credit Union must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this card must provide his/her name, address, date of birth, and other identifying information. We may ask to see your driver's license or other identifying documents and documents confirming your business's existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.</p>			
AUTHORIZATION			
<p>By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Business Account Agreement, Account Disclosure, Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act, including a credit report. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.</p>			
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date