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Business Membership Application & Agreement And Update Form

<input type="checkbox"/> New Application	<input type="checkbox"/> Update	Business Name	Account Number	Br. No.
Account Type(s): <input type="checkbox"/> Business Savings <input type="checkbox"/> Premium Business Saver <input type="checkbox"/> Business Money Market <input type="checkbox"/> Basic Business Checking <input type="checkbox"/> Real Estate Escrow Checking <input type="checkbox"/> Business Dividend Checking <input type="checkbox"/> Business Certificate				
Business Classification: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company/PLLC <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Unregistered Organization <input type="checkbox"/> _____				
Update Type(s): <input type="checkbox"/> Name Change _____(name) <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Phone Number <input type="checkbox"/> Remove Business Owner/Officer _____(name) <input type="checkbox"/> Add Business Owner/Officer _____(name) <input type="checkbox"/> Add Authorized Signer _____(name) <input type="checkbox"/> Remove Authorized Signer _____(name)				

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 Name			Business License No./Exp. Date		Years Established
Business Address	Apt/Box	City		State	Zip
Mailing Address	Apt/Box	City		State	Zip
Business Telephone Number	Membership Eligibility		Business E-Mail Address		No. of Employees
Social Security Number /Employer Identification Number		Contact(s)			Annual Income

Business Owner/Officer 1 Information

First	Last	M.I.	Suffix	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

First	Last	M.I.	Suffix	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

First	Last	M.I.	Suffix	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	

Debit Card/Telephone Banking/Online Banking/Bill Pay

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

- Debit Card
 Telephone Banking
 Online Banking
 Bill Pay

Name on Card 1: _____

Name on Card 2: _____

Name on Card 3: _____

Name on Card 4: _____

Overdraft Protection

Select overdraft choices:

- Primary Business Savings Premium Business Saver Business Money Market Standard Member Protection Plan* (separate form, fees apply)

*If Member Protection Plan is selected, it will be the last overdraft source

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) 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) You are a U.S. citizen or other U.S. person (defined below); and (4) 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. You must 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.

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-8 (Withholding of Tax on Nonresident Aliens and Foreign 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. Northwest 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: _____ SSN: _____ Phone Number: _____ DOB: _____

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

Signature: _____ SSN: _____ Phone Number: _____ DOB: _____

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

Signature: _____ SSN: _____ Phone Number: _____ DOB: _____

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

Signature: _____ SSN: _____ Phone Number: _____ DOB: _____

Signatures

You hereby apply for membership with Northwest 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 Northwest 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 Savings 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 Northwest 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 _____

Credit Union Use Only

Date of Membership _____ Opened/by _____ Acquire Verification _____

_____ Credit Report _____ CIP _____ Debit Card Ordered Br. ID _____
_____ Checks Ordered _____ Telephone Banking _____ Online Banking _____ Bill Pay

Approved: _____, Membership Officer