

New     Update    Date: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES 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 to you:** When you open an account, we ask 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.

### MEMBER/ACCOUNT OWNER INFORMATION

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

Other Trade or D/B/A Names: \_\_\_\_\_

Type of Entity

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership       | <input type="checkbox"/> Unincorporated Organization |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> General           | <input type="checkbox"/> Association/Club            |
| Select Classification Code:                        | <input type="checkbox"/> Limited           | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> D = Disregarded Entity    | <input type="checkbox"/> Limited Liability |  |
| <input type="checkbox"/> C = Corporation           |  |  |
| <input type="checkbox"/> P = Partnership           |  |  |
| <input type="checkbox"/> Sole Proprietorship       |  |  |

### ACCOUNT INFORMATION

State Organized: \_\_\_\_\_

EIN/TIN: \_\_\_\_\_

Business License Number: \_\_\_\_\_

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

State Issued: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Membership Eligibility:

Business is located in: *(choose one)*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> City of Charlottesville | <input type="checkbox"/> Albemarle County | <input type="checkbox"/> Culpeper County     | <input type="checkbox"/> Fauquier County |
| <input type="checkbox"/> Fluvanna County         | <input type="checkbox"/> Greene County    | <input type="checkbox"/> Louisa County       | <input type="checkbox"/> Madison County  |
| <input type="checkbox"/> Nelson County           | <input type="checkbox"/> Orange County    | <input type="checkbox"/> Rappahannock County |  |

### ACCOUNT TYPE

New Membership/Primary Share Savings Account

Share Draft/Checking: *(choose all that apply)*

- Business Economy Checking
- Business Plus Checking
- Business Analysis Checking

Money Market

Share Certificate/Certificate

Initials \_\_\_\_\_

Additional Services:

Order Internet banking/Call24 PIN  
*PIN will be mailed within two  
business days*

For Checking accounts only:

Order VISA® debit card

**PRINCIPAL/CONTACT INFORMATION**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_  
State Issued: \_\_\_\_\_

Issuance Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_

**PRINCIPAL/CONTACT INFORMATION**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_  
State Issued: \_\_\_\_\_

Issuance Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_

**PRINCIPAL/CONTACT INFORMATION**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_  
State Issued: \_\_\_\_\_

Issuance Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_

*Please print additional pages if needed*

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

***Under penalties of perjury, the undersign certifies on behalf of the Account Owner that:***

- The number shown on this form is the Account Owner's correct taxpayer identification number,***
- The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the account Owner that it is no longer subject to backup withholding, and***
- The Account Owner has been organized in the U.S. and is a U.S. person.***

***Complete the appropriate W-8 form if Account Owner is not a U.S. person.***

Initials \_\_\_\_\_

**AUTHORIZATION**

One (1) signature of an authorized person is required to transact business.

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and addition documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X \_\_\_\_\_  
Signature  
Title: \_\_\_\_\_

\_\_\_\_\_ Date

**Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ City/County of \_\_\_\_\_



X \_\_\_\_\_  
Signature  
Title: \_\_\_\_\_

\_\_\_\_\_ Date

**Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ City/County of \_\_\_\_\_



X \_\_\_\_\_  
Signature  
Title: \_\_\_\_\_

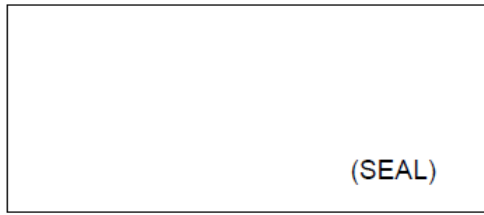
\_\_\_\_\_ Date

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State of \_\_\_\_\_ City/County of \_\_\_\_\_



*Please print additional pages if needed*

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

- Credit Report     Check Verify     Debit Card     IB/C24 PIN     OFAC

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Complete this form for each Principal/Contact listed on the Business Account Card.

#### PRINCIPAL/CONTACT IDENTITY INFORMATION

Principal/Contact Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Residence  Business  
 Nature of business (for business): \_\_\_\_\_

#### GOVERNMENT ISSUED IDENTIFICATION NUMBER

SSN/EIN: \_\_\_\_\_

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

Individual Taxpayer Identification Number: \_\_\_\_\_  
 Alien Identification Number: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Country: \_\_\_\_\_  
 Other Government Issued Document Number: \_\_\_\_\_ Country: \_\_\_\_\_  
 (with photograph or similar safeguard)  
 Describe Document: \_\_\_\_\_

#### NOTARY INFORMATION

I certify that the information provided above is my true and correct identity information.

X \_\_\_\_\_  
 Principal/Contact Signature Date

**Notary Signature Affidavit Below: Required when submitting application by mail or when a signer is not present at account opening.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ City/County of \_\_\_\_\_



#### FOR CREDIT UNION USE ONLY

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_ Member Number: \_\_\_\_\_

#### Government Lists Checked:

CIP  OFAC  Other: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_