

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® CheckMate debit card
- Add overdraft protection from Savings

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: _____
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 Business Phone: _____

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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

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 _____



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: _____