



# Business Account Membership Application

Member No.:	Share/Loan ID:	Today's Date:
Replacement Membership Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Replacement: <input type="checkbox"/> Remove Signer <input type="checkbox"/> Add Signer <input type="checkbox"/> Name Change <input type="checkbox"/> Other: _____	

Business Products and Services		
<input type="checkbox"/> Business Share Account	<input type="checkbox"/> Basic Business Checking	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Special Savings Account	<input type="checkbox"/> Business Plus Checking	<input type="checkbox"/> eServices PIN
<input type="checkbox"/> Business Money Market	<input type="checkbox"/> Premium Business Checking	
<input type="checkbox"/> Term Accounts	<input type="checkbox"/> Not-for-Profit Business Checking (Must provide certificate of 501(c) status)	

Business Information	
Name:	Business Tax ID No.:
Trading As Name: (Must have certificate)	
Date Business Established:	State/Country of Origin:
Nature of Business:	
Physical Address of Business:	
Mailing Address (if different):	
Date of Authorization or Resolution:	No. of Business Locations:
Email:	Business Phone:
Business Fax:	Cell Phone:

Type of Business		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Multi-member LLC (Select tax classification)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Single Member LLC	<input type="radio"/> C-Corp	<input type="checkbox"/> C-Corp
<input type="checkbox"/> Unincorporated Association	<input type="radio"/> S-Corp	<input type="checkbox"/> S-Corp
	<input type="radio"/> Partnership	<input type="checkbox"/> Trust-Separate Agreement Dated: _____
		<input type="checkbox"/> _____

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Backup Withholding (If not a "U.S. person," certify foreign status separately.)
<input type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).
<input type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
<input type="checkbox"/> <b>Backup Withholding.</b> I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/> <b>Exempt Recipients.</b> I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____.
<input type="checkbox"/> <b>FATCA Code.</b> The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

## Signatures

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to sign checks drawn against and withdrawal request forms for the account(s). **The undersigned agree to notify the credit union immediately upon any changes of ownership to the business. The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt and copies of new business membership disclosure packet including, but not limited to: Terms and conditions, ETF and funds availability policy, Truth in Savings disclosure, privacy policy, other disclosures pertinent to an APGFCU business account.**

☐ I have received copies of all of the above.

List information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

If no individual meets the criteria above, please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions.

### Owner/Authorized Signer 1

Beneficial Owner / Authorized Signer:				Position:	
% of Ownership:	Beneficial Owner Type: (Check all that apply) <input type="checkbox"/> Beneficial Owner & Signer <input type="checkbox"/> Beneficial Owner Only (not a signer) <input type="checkbox"/> Control Owner <input type="checkbox"/> Authorized Signer				
Physical Address:				Time at address:	
Mailing Address (if different):					
Government Issued Photo ID:	Issue Date:	State:	Number:		Expiration:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO, passport no. and country of issue:		
Email:		Cell Phone:		Land Line:	
Employer Name:		Address:		Work Phone:	
Birth Date:		SSN/TIN:		Passphrase:	
Signature:					

### Owner/Authorized Signer 2

Name:				Position:	
% of Ownership:	Beneficial Owner Type: (Check all that apply) <input type="checkbox"/> Beneficial Owner & Signer <input type="checkbox"/> Beneficial Owner Only (not a signer) <input type="checkbox"/> Control Owner <input type="checkbox"/> Authorized Signer				
Physical Address:				Time at address:	
Mailing Address (if different):					
Government Issued Photo ID:	Issue Date:	State:	Number:		Expiration:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO, passport no. and country of issue:		
Email:		Cell Phone:		Land Line:	
Employer Name:		Address:		Work Phone:	
Birth Date:		SSN/TIN:		Passphrase:	
Signature:					

Owner/Authorized Signer _____				
Name:			Position:	
% of Ownership:	Beneficial Owner Type: (Check all that apply) <input type="checkbox"/> Beneficial Owner & Signer <input type="checkbox"/> Beneficial Owner Only (not a signer) <input type="checkbox"/> Control Owner <input type="checkbox"/> Authorized Signer			
Physical Address:			Time at address:	
Mailing Address (if different):				
Government Issued Photo ID:	Issue Date:	State:	Number:	Expiration:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO, passport no. and country of issue:	
Email:		Cell Phone:		Land Line:
Employer Name:		Address:		Work Phone:
Birth Date:		SSN/TIN:		Passphrase:
<b>Signature:</b>				

Owner/Authorized Signer _____				
Name:			Position:	
% of Ownership:	Beneficial Owner Type: (Check all that apply) <input type="checkbox"/> Beneficial Owner & Signer <input type="checkbox"/> Beneficial Owner Only (not a signer) <input type="checkbox"/> Control Owner <input type="checkbox"/> Authorized Signer			
Physical Address:			Time at address:	
Mailing Address (if different):				
Government Issued Photo ID:	Issue Date:	State:	Number:	Expiration:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO, passport no. and country of issue:	
Email:		Cell Phone:		Land Line:
Employer Name:		Address:		Work Phone:
Birth Date:		SSN/TIN:		Passphrase:
<b>Signature:</b>				

Member Signature Card- MD  
 © 2015 Wolters Kluwer Financial Services, Inc.  
 All rights reserved. Custom EMDMPMP1

I, \_\_\_\_\_, hereby certify, (1) to the best of my knowledge, that the information provided above is complete and correct, and (2) that I am authorized to make this certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DESIGNATION OF AGENT

I \_\_\_\_\_, as an authorized signer on the account of \_\_\_\_\_ (Business/Trust), am authorized to provide the name and position of the person/designate agent authorized to vote in the annual elections for the Board of Directors of APG Federal Credit Union. It is understood and agreed that APG Federal Credit Union does not have to verify that the Designate Agent is in fact the person exercising the right to vote on behalf of the Business/Trust if the APG Federal Credit Union's security procedures allowing the vote to be cast have been followed in the voting process. In the event a named person is no longer entitled to vote for the Business/Trust, it is understood and agreed that the Business/Trust must provide notice of the change in the Designate Agent.

**Designate Agent's Name and/or Position (IE: owner, CFO, Trustee):** \_\_\_\_\_

Only required if an individual is being named as the Designate Agent

**apgfcu.com | 410-272-4000**

*Serving Harford County, Cecil County, Baltimore County & Baltimore City*

