



Business Account Membership Application

Member No.:	Suffix(es):	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"/> ATM
<input type="checkbox"/> Special Savings Account	<input type="checkbox"/> Business Plus Checking	<input type="checkbox"/> Debit Card (No. Req:_____)
<input type="checkbox"/> Business Money Market	<input type="checkbox"/> Premium Business Checking	<input type="checkbox"/> eServices PIN
<input type="checkbox"/> Certificate of Deposit	<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:	Date of Origin:	Registered in State/Country:
Nature of Business:			
Physical Address of Business:			
Mailing Address (if different):			
Date of Authorization or Resolution:		No. of Business Locations:	
Name of Previous Financial Institution:			
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"/> Taxpayer I.D. Number (TIN) _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
<input type="checkbox"/> Backup Withholding. 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"/> Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____.
<input type="checkbox"/> FATCA Code. 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 of copy(ies) of, the following agreements or disclosures:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Convenience Signer
(See Owner/Signer information for
Convenience Signer Designations) | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> Funds Availability | <input type="checkbox"/> Substitute Checks |
| | | <input type="checkbox"/> _____ |

Owner/Authorized Signer 1

Name:		Position:	
% of Ownership:	Beneficial Owner Type: (Check one) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Owner <input type="checkbox"/> Beneficial & 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 one) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Owner <input type="checkbox"/> Beneficial & 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:			

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Business Account Membership Application Cont.

Additional Signers As Needed

Owner/Authorized Signer _____				
Name:			Position:	
% of Ownership:	Beneficial Owner Type: (Check one) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Owner <input type="checkbox"/> Beneficial & 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 one) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Control Owner <input type="checkbox"/> Beneficial & 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:				

Member Signature Card- MD
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