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 apgfcu.com

COMMERCIAL ACCOUNT APPLICATION

Account Number _____		
Chex Systems Record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of record _____
<input type="checkbox"/> Regular Shares (savings)	<input type="checkbox"/> Checking	<input type="checkbox"/> ATM
<input type="checkbox"/> Check Card	<input type="checkbox"/> ABBY Telephone Teller	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Member opts out of e-mail notification		
Replacement Signature Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Replacement _____
<input type="checkbox"/> Account Number _____		
<input type="checkbox"/> Remove Authorized Signer _____		
<input type="checkbox"/> Add Authorized Signer _____		

MEMBERSHIP INFORMATION

Business Name and Address	Owner Name and Home Address	Home Phone	Business Phone	Cell Phone
		Federal Tax ID # _____		
Member Verification Password	Email Address	Membership Officer		
Eligibility	Place Of Employment, Worship, Study Or Volunteer Duty	Family Member Name (if eligible through family)		

BUSINESS ACCOUNT TYPE

Select Business Account Type

Corporate
 Association or Organization
 Partnership
 LTD Partnership
 Sole Proprietorship
 LLC
 Other (Explain) _____

Additional ATM/Check Card

I officially request that APGFCU issue an additional card in the name of _____. I certify that this individual is authorized to perform applicable transactions available through automated services (ATM, POS Network, Visa) under this member number. I understand that it is my responsibility to rescind this request when this individual is no longer authorized to perform transactions and that this signed request does not alter the terms on the back of this card. Additionally, I understand I am responsible for all transactions incurred by the additional cardholder under these same terms.

SIGNATURES AND CERTIFICATIONS

Backup Withholding Certification
 By signing below, under the penalties of perjury, I certify (1) that the number shown on this form is my correct identification number; (2) that 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; and (3) I am a U.S. person (including a U.S. resident alien).

Eligibility Certification

BY SIGNING BELOW, I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE ABERDEEN PROVING GROUND FEDERAL CREDIT UNION AND AGREE TO ABIDE BY THE FEDERAL CREDIT UNION ACT, NCUA RULES AND REGULATIONS, LAWS OF THE STATE OF MARYLAND, WHERE APPLICABLE, AND THE CREDIT UNION BY-LAWS AND AMENDMENTS THEREOF AND SUBSCRIBE FOR AT LEAST ONE (1) SHARE. The undersigned acknowledge receipt of "All About Your Accounts" (hereinafter referred to as Agreement) and agrees to be bound by the terms and conditions of the same, which Agreement is incorporated by reference herein and made a part thereof. The signature below also constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. The Credit Union is authorized to obtain such financial information/credit bureau reports relating to me as it deems necessary in order to process my accounts/services. The Credit Union is hereby authorized to charge this account for any obligation owed by me, or any authorized signers, if applicable, to the Credit Union. The undersigned also acknowledges receipt and agrees to be bound by all conditions applicable to each listed account and the following: ATM, Debit Card, ABBY, and Checking Account which are incorporated by reference herein and made a part thereof.

I am affirming under penalties of perjury I am eligible to join APGFCU as designated in the eligibility section.

Social Security Number	Date Of Birth	Home Phone	Signature	(seal)
			x	
Home Address	Authorized Signer		Title	
Valid Gov't Photo ID No.	Type	State	Expiration Date	
Social Security Number	Date Of Birth	Home Phone	Signature	(seal)
			x	
Home Address	Authorized Signer		Title	
Valid Gov't Photo ID No.	Type	State	Expiration Date	
Social Security Number	Date Of Birth	Home Phone	Signature	(seal)
			x	
Home Address	Authorized Signer		Title	
Valid Gov't Photo ID No.	Type	State	Expiration Date	
Social Security Number	Date Of Birth	Home Phone	Signature	(seal)
			x	
Home Address	Authorized Signer		Title	
Valid Gov't Photo ID No.	Type	State	Expiration 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.

In order to provide additional security measures and assist in the verifying ownership of this account(s), I authorize Aberdeen Proving Ground Federal Credit Union to retain and utilize my current photo identification and/or a sample of my signature as shown on the front of this signature card and/or accompanying photograph of myself. These items may be stored electronically by the Credit Union and will only be used by the Credit Union to verify identification of persons asking to perform transactions using the account(s). This information will not be provided to any non-affiliated third party.

ABBY Telephone Teller

The use of ABBY is subject to such other terms and conditions as set forth in "All About Your Accounts" hereinafter referred to as Agreement, which is incorporated by reference herein and made a part thereof, and requirements as we may establish from time to time.

We shall have the right to terminate the Agreement without notice and without consent if the usage of ABBY is in a manner not in accordance with normal financial practices.

Our right or authority under this agreement shall not be changed or terminated by you, except by written notice to us which shall not affect information or transactions theretofore made.

Automated Teller Machine (ATM)

The use of the ATM Card is subject to such other terms and conditions as set forth in "All About Your Accounts" hereinafter referred to as Agreement, which is incorporated by reference herein and made a part thereof, and requirements as we may establish from time to time.

- a. Upon approval, we will deliver to you a card (the "ATM" Card) for use in ATMs of ours or of other accepting participants in any shared network in which we are a member.
- b. The ATM Card is the property of the Credit Union and must be returned to us by you when requested. The ATM Card may also be automatically impounded by an ATM at any time. If any account for which the ATM Card is issued is closed, the ATM Card issued for that account must be surrendered to us immediately upon request.
- c. You understand and agree that all current items and conditions relative to all your other accounts, i.e., regular shares, checking, loan, etc., that can be accessed using the ATM Card are incorporated in this Agreement.
- d. You agree to report promptly to us any theft, loss or possible unauthorized use of the ATM Card, or any discrepancies in the periodic statement.

ATM/Debit Card

The use of the ATM/Debit Card is subject to such other items and conditions as set forth in "All About Your Accounts" hereinafter referred to as Agreement, which is incorporated by reference herein and made a part thereof, and requirements as we may establish from time to time. You are hereby applying to the Credit Union for an APGFCU Visa Debit Card(s). If this application is approved and Debit Card(s) are issued, you, by signing, using, or permitting another to use the Visa Debit Card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the Visa Debit Card User's Guide, Agreement and Disclosure incorporated by reference herein. You authorize the Credit Union to verify the information supplied on this application and to receive and exchange credit information supplied on this application and to receive and exchange credit information about you both now and in the future. You agree that, in case of default, you will pay all usual and customary costs of collection permitted by law, including court costs and reasonable attorney fees. You authorize us to allow Visa Debit Card to access your savings account. The Visa Debit Card savings account access is limited to automated teller machine use only. All purchases from merchants will be deducted from the designated checking account.

Checking Account

The use of your Checking Account is subject to such other terms and conditions as set forth in "All About Your Accounts" hereinafter referred to as Agreement, which is incorporated by the reference herein and made a part thereof, and requirements as we may establish from time to time. We are authorized to pay checks signed by you (or by any of you, if this agreement is signed by more than one person), and to charge the payments against the Checking Account. It is further agreed that:

1. We are under no obligation to pay a check which exceeds the balance in the Checking Account. We may, however, pay such a check and charge the amount of the resulting overdraft against any other share account from which anyone signing this agreement is (are) entitled to withdraw shares, or if anyone signing this agreement had been approved for Checking/Overdraft privileges which allow for advance under a Line-of-Credit Plan, such a check shall be deemed to be a request to the Credit Union for an advance subject to the terms of your Line-of-Credit Plan. If the request is approved, we will credit to this Checking Account, in multiples of \$50.00, an amount (the advance) sufficient to permit us to honor such check. We are under no obligation to pay a check on which the date is more than six (6) months old.
2. We shall not be liable for any action taken regarding the payment or nonpayment of a check.
3. The Checking Account shall be subject to service charges in accordance with the rate schedules adopted by us from time to time.
4. The use of the Checking Account is subject to such other terms, conditions and requirement as we may establish from time to time.
5. The Checking Account shall not be pledged as collateral or security for any purpose.
6. We shall have the right to close the Checking Account without notice and without consent if more than five checks are returned because of insufficient funds within any 90 day period, or if the Checking Account is maintained by you in a manner not in accordance with normal financial practices.
7. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owner(s) except by written notice to us which shall not affect transactions theretofore made.
8. Other limitations may apply, see the Truth-In-Savings Disclosure.
9. We are authorized to report the termination of this account to Chex Systems or any other reporting agency.
10. When paid, checks become the property of the Credit Union and will not be returned with the periodic statement of this account or otherwise. Copies of checks will be provided by us upon the request of the owner of this account and the payment of fees for such copies.
11. You are responsible for any writing, printing, carbon or other materials contained on, and the general condition of each check or item. If a check is presented for payment before the date you write on the check, we have the right to return it unpaid or pay it. We may also pay a check that was dated more than six months before it is presented for payment. You will hold us harmless for any notion on payment or nonpayment of checks.
12. Notice to any Checking Account owner is considered notice to all Checking Account owners.

Non-Participating Members

The Credit Union will enforce its rights according to the Federal Credit Union Act to remove from membership any member based on non-participation in the affairs of the Credit Union or for failure to purchase or maintain a share in the Credit Union. Removal or expulsion of a member shall not relieve him/her from liability to the Credit Union.

Hold Harmless

You, for yourself, your heirs and personal representatives do hereby release, forever discharge, indemnify and hold harmless the Credit Union, its successors, and assignees from any and all actions, suits, claims, demands, obligations, attorney's fees, debts, dues, sums of money, acts, reckonings, bonds, bills, specialties, covenants, contracts, agreements, promises, variance, trespasses, damages, judgements, extents, executions, rights and causes of action of every kind and nature, either at law or in equity, which may be asserted against the Credit Union for any reason whatsoever arising out of, from or by reason of your use of ABBY Telephone Teller, ATM, ATM/Debit Card or Checking Account.