

### AGREEMENT

NOTE: The words, "you" and "your" in this document refer to either the Business Owner, the Authorized Signer(s) on the account or the business entity. Air Force Federal Credit Union is also identified by the words "Air Force FCU," "credit union," "we," "our" and "us."

**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 for you:** When you open an account, we will 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.

**NOTE: BUSINESS SAVINGS ACCOUNTS ARE NON-TRANSACTIONAL. YOUR BUSINESS CHECKING ACCOUNT MUST BE USED FOR ALL BUSINESS ACCOUNT TRANSACTIONS.**

#### BUSINESS ENTITY INFORMATION

BUSINESS NAME		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS		
BUSINESS PHONE	BUSINESS EMAIL ADDRESS	
BUSINESS WEBSITE URL	TYPE OF BUSINESS / OPERATION / ORGANIZATION	
TAX ID NUMBER / SOCIAL SECURITY NUMBER	MEMBERSHIP ELIGIBILITY TYPE	ACCOUNT NUMBER

The account number for each business account will be the Account Owner's member number followed by the suffix for the account. For example: 123456-00. A Business Savings Account is required to establish credit union membership. Your Business Checking Account must be used to transfer funds to or from your Business Savings Account.

#### DRAFT TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> BASIC BUSINESS CHECKING | <input type="checkbox"/> STANDARD BUSINESS CHECKING |
| <input type="checkbox"/> PLUS BUSINESS CHECKING  | <input type="checkbox"/> BUSINESS MONEY MARKET      |

#### OPTIONAL OVERDRAFT PROTECTION

- NO TRANSFERS  
 SHARE  
 REDI-CREDIT (Redi-Credit Option requires a loan application, and if approved, will be established at a later date)

#### UIGEA CERTIFICATION

Yes  No You must check here to certify whether or not the business engages in an Internet gambling business. "Internet gambling business" means the business of placing, receiving, or otherwise knowingly transmitting a bet or wager by any means which involves the use, at least in part, of the Internet, but does not include the performance of the customary activities of a financial transaction provider, or any interactive computer service or telecommunications service.

#### BUSINESS VISA DEBIT CARD AGREEMENT

If checked, you hereby make application for the Air Force FCU VISA Business Debit Card to access the account. If you have a business checking account or business savings account, you will be issued a VISA Business Debit Card. You will select your Personal Identification Number (PIN) and be responsible for keeping it a secret. You will not write it on anything, tell your PIN to anyone, or allow anyone to watch when using it. In addition, you hereby authorize us to provide a VISA Business Debit Card to the Account Owner(s) and/or Authorized Signers named on this Membership Application and Agreement. You are aware and agree that any Account Owner and or Authorized Signer may obtain and use your VISA Business Debit Card on this account. You further understand that when using another financial institution's ATMs, you may be charged a fee by them for using their ATM. If you are charged a fee, it should be disclosed by the institution prior to completing any transaction and, that by completing your transaction, you are agreeing to the fee being charged. You also understand that you will be charged a fee by the Credit Union when using an ATM not owned by the Air Force FCU. You agree that the provisions of our Electronic Funds Transfer Agreement and Disclosures addressing our liability, any limitation upon a consumer's liability for unauthorized electronic funds transfers and error resolution procedures shall not apply to electronic fund transfers when made to or from a business or organization Account. By signing below, you agree to be bound by the Air Force Federal Credit Union Electronic Funds Transfer (EFT) Agreement and Disclosures which detail your liability and responsibility in the use of the card and for reporting the loss or theft of the card. You understand that the EFT Agreement and Disclosures will be provided to you before you receive your VISA Business Debit Card. You further agree that your use of a VISA Business Debit Card is subject to this Membership Application and Agreement, and the credit union's rules, policies, and bylaws now in effect and as amended from time to time.

**AUTHORIZED BUSINESS ACCOUNT SIGNERS**

In addition to the Account Owner, the following named persons are authorized, on behalf of the Business, to execute any document required by Air Force FCU to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. An Account Owner is the only individual entitled to add and delete Authorized Signers. You agree that this account and Membership Application and Agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE			WORK PHONE (+ EXT)		
SOCIAL SECURITY NUMBER			DATE OF BIRTH		
BUSINESS TITLE / POSITION			EMAIL		
ID TYPE	ID NUMBER		ID STATE	ID EXPIRATION DATE	
<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE			WORK PHONE (+ EXT)		
SOCIAL SECURITY NUMBER			DATE OF BIRTH		
BUSINESS TITLE / POSITION			EMAIL		
ID TYPE	ID NUMBER		ID STATE	ID EXPIRATION DATE	
<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE			WORK PHONE (+ EXT)		
SOCIAL SECURITY NUMBER			DATE OF BIRTH		
BUSINESS TITLE / POSITION			EMAIL		
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<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
STREET ADDRESS					
CITY				STATE	ZIP
HOME PHONE			WORK PHONE (+ EXT)		
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<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
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CITY				STATE	ZIP
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CITY				STATE	ZIP
HOME PHONE			WORK PHONE (+ EXT)		
SOCIAL SECURITY NUMBER			DATE OF BIRTH		
BUSINESS TITLE / POSITION			EMAIL		
ID TYPE	ID NUMBER		ID STATE		ID EXPIRATION DATE

**BUSINESS LEGAL STATUS**

- |   |  |
|---|--|
| <input type="checkbox"/> Organization<br><input type="checkbox"/> DBA or Professional Association<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Limited Partnership |
|---|--|

**DBA/SOLE PROPRIETORSHIP:** You are doing business as (trade name) \_\_\_\_\_ and certify that you are the sole owner of the business entity.  
*By signing below, you agree that you have received all disclosures contained in this Account Application Packet. You also certify that you do not participate in any Internet gambling services.*

SIGNATURE	DATE
PRINT NAME	TITLE
SIGNATURE	DATE
PRINT NAME	TITLE

**GENERAL/LIMITED PARTNERSHIP:** You are doing business as (trade name) \_\_\_\_\_ and certify authority for transactions on this business account to the individuals named here:  
*By signing below, you agree that you have received all disclosures contained in this Account Application Packet. You also certify that you do not participate in any Internet gambling services.*

SIGNATURE	DATE
PRINT NAME	TITLE
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PRINT NAME	TITLE

**CORPORATION / LIMITED LIABILITY COMPANY / ASSOCIATION / ORGANIZATION**

The undersigned Secretary or Managing Member (“Secretary”) of \_\_\_\_\_ (“business”), hereby certifies that this is a true copy of the Resolution adopted in accordance with its charter, by-laws and applicable laws held on the \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_. The Board of Directors of the business, duly called and held in Secretary further certifies that a quorum was present and voting throughout, by unanimous written consent of the Board of Directors and that said Resolution has not been altered, amended or rescinded and is now in full force and effect; RESOLVED THAT:

1. Each person named on this account is hereby authorized in the name and on behalf of this business to deposit, withdraw, and/or transfer funds on deposit from the Credit Union (unless otherwise specified).
2. Any action heretofore taken by any officer of this business with respect to any of the matters stated above is hereby ratified and confirmed.
3. The Secretary is to be responsible for collecting or destroying all access devices used by previous authorized signers and changing all PINs or access codes to the account.
4. These Resolutions, insofar as said Credit Union is concerned, shall continue in full force and effect until said Credit Union receives written notice from the Secretary of the changes, if any therein.

The undersigned Secretary hereby further certifies that the above Resolutions do not conflict with the provisions of the business’ charter or its bylaws, and that the present holders of the offices referred to in the foregoing Resolutions and their specimen signatures are set forth below.

**CORPORATION / LIMITED LIABILITY COMPANY / ASSOCIATION / ORGANIZATION (fill in boxes for all fields)**

SECRETARY OR MANAGING MEMBER SIGNATURE	DATE
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*By signing below, I agree that I have received all disclosures contained in this Account Application Packet. I also certify that I do not participate in any Internet gambling services.*

SIGNATURE	DATE
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PRINT NAME	TITLE
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SIGNATURE	DATE
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PRINT NAME	TITLE
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**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

By signing below and under penalties of perjury, you certify that:

1. The number shown on this form is your correct taxpayer identification number (TIN).
2. You are not subject to backup withholding because (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding.
3. You are a U.S. person (including a U.S. resident alien).

**Certification Instructions** – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 above and complete the appropriate IRS Form W-8 if you are not a U.S. person.

**SIGNATURES** (Owners, Partners, and Authorized Signers are required to sign below)

**Required Signers:**

**CORPORATION:** The person(s) named in the Corporate Resolution.

**PARTNERSHIP:** All partners.

**DBA/SOLE PROPRIETORSHIP:** The owner.

**LIMITED LIABILITY COMPANY:** All Members or Managers.

By signing below, you authorize Air Force FCU to open the type of depository account and/or services designated herein and warrant the truth of the information contained herein and in subsequent representations to the Credit Union. You realize that such information will be relied upon by the Credit Union in determining your membership eligibility and that certain other sources will also be used to verify such eligibility. You authorize Air Force FCU, our employees and agents to investigate and verify any information provided to us by you and to obtain your credit report from applicable credit reporting agencies now or at any time in the future and you further authorize any person, association, firm, corporation, or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and financial history information as well as that information we deem necessary to comply with the USA PATRIOT Act. You understand that it is a federal crime to deliberately provide incomplete or incorrect information to Federal Credit Unions insured by the National Credit Union Administration (NCUA).

By signing below, you acknowledge that you have received and agree to be bound by the Membership Application and Agreement and the related disclosures as described in such Agreement, including without limitation, the Funds Availability Policy, the Electronic Funds Transfer Agreement and Disclosure and the Fee Schedule, that you have read them and that you agree to and accept the terms and conditions found therein. You also agree to be bound by any other instrument or agreement received or executed in connection with the opening or maintenance of any Air Force FCU account or service, together with Air Force FCU's policies, procedures, rules and bylaws as amended from time to time. You certify that all of the information you have provided in this Membership Application and Agreement is true and complete. In addition to establishing the Account designated herein, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition and/or deletion of authorized signer(s) of your Account(s). You authorize Air Force FCU to pay drafts signed by you (or by any Authorized Signer listed below) and to charge all such payments against your Business Account. You agree to conform to Air Force FCU's procedures and policies now in effect and as adopted hereafter. You agree to pay any charges or fees that may be required or assessed under such procedures and policies and you agree to conform to Air Force FCU bylaws and amendments thereto. You agree to accept communications from Air Force FCU, including account statements, at the mailing address you provide below. You also agree to notify Air Force FCU in writing of any changes to the mailing and/or street addresses provided. Your signature below is your continuing authorization for Air Force FCU to follow your written instructions to do so and you agree that your continuing authorization will remain in effect unless we receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s).

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING. (fill in boxes for all fields)**

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Federally insured by NCUA