

Business Membership and Account Application

**Required Field**

Account Ownership Requested:

Member #: _____

Corporate Partnership Sole Proprietorship Association Organization LLC Update of Existing Account

Eligibility: I/We are eligible for membership because

Our business/association is expressly named in the CU bylaws All owners of the business are within CU's field of membership

Firefighter Related to a Member (Name: _____) Community Impact Fund

CSFA Firefighter CSFA Non-Firefighter (Active Membership Number: _____)

Services:

Business Checking (Checks ATM Debit Card) see Appendix 1

Business Money Market Tiered Savings
Term Certificate

The undersigned is authorized and does hereby make application for membership in the SF Fire Credit Union, and agrees to conform to its bylaws and terms and conditions of the General Disclosure and Account Agreement and Truth-in-Savings Disclosure, and agrees to provide documentation evidencing said authority.

Business Membership Please have the following ready, as applicable: Articles of Incorporation, Business License, Fictitious Business Name Statement, Letter of Authorization

Name of Business/Association:**Tax ID Number:****Type of Business:****Date Business Opened:****Business Address (Street, City, States, Zip)****Mailing Address:** Same as Business Address**Business Phone:****Business Email:****Security Password:*****Current Directors, Partners, Officers or Sole Owner****Last Name:****First Name:**

Middle Initial

Date of Birth:

Citizenship: US Citizen Perm Resident Non-Perm Resident If not a US citizen, indicate country of origin:

SSN#:**Photo ID Type** (ie License):**ID Number:****Business Title:****Residence** Same as Business**Phone:****Email:****Last Name:****First Name:**

Middle Initial

Date of Birth:

Citizenship: US Citizen Perm Resident Non-Perm Resident If not a US citizen, indicate country of origin:

SSN#:**Photo ID Type** (ie License):**ID Number:****Business Title:****Residence** Same as Business**Phone:****Email:****Last Name:****First Name:**

Middle Initial

Date of Birth:

Citizenship: US Citizen Perm Resident Non-Perm Resident If not a US citizen, indicate country of origin:

SSN#:**Photo ID Type** (ie License):**ID Number:****Business Title:****Residence** Same as Business**Phone:****Email:****Authorized Signers Only****Full Name:****Sign Here****Title:****SSN#****DOB****Today's Date**

Full Name:

Sign Here

Title:

SSN#

DOB

Today's Date

Full Name:

Sign Here

Title:

SSN#

DOB

Today's Date

For additional Authorized Signers and/or Directors, Partners, Officers, please request Business Membership Authorized Signer Form.

*For identification purposes, you and any joint owner agree to provide your security password each time you conduct business with the Credit Union, either over the phone, online, or in person.

Please do not staple

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Request for Tax Payer Information

Part I: Enter your Taxpayer Identification Number (TIN)

T.I.N. (Social Security Number): _____ **E.I.N.** (Employer Identification Number): _____

Part II: For payees exempt from backup withholdings, see IRS instructions to Part II available from a Credit Union employee.

Part III: Under penalties of perjury, you certify that (1) The number shown on this form is your correct TIN, and (2) You are not subject to back up withholding.

You agree to cross out Part II above and check the box if you have been notified by the IRS that you are currently subject to back up withholding because of underreporting interest or dividends on your tax returns.

Signature: _____ **Date:** _____

	AMERICAN SHARE INSURANCE Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured, or insured by any state government.	This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee depositors will get back their money. Accounts with this institution are not insured by any state government.	
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By signing below, I acknowledge and agree as follows: (1) I hereby apply for membership in, and agree to conform to the bylaws (as amended) of, SF Fire Credit Union ("you"); (2) I have received a copy of the Business Membership and Account Handbook ("Handbook"); (3) All terms, conditions and information contained in the Handbook, and any amendments thereto, are by this reference incorporated in their entirety into this Business Membership and Account Application ("Application"), and I agree to be bound by the terms and conditions of the Handbook, and this Application; (4) I authorize you to obtain credit reports in connection with any account I may open, and any future services provided by you, as permitted by law; (5) I agree to be bound by the Fee Schedule for Business Accounts, as amended; (6) I hereby give my express consent for you and others acting on your behalf to contact me at any telephone number I give to you or you obtain from any other source (including any wireless phone or VoIP number), using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice), regarding this account or any other relationship I now or later have with you. I have not provided, and I will not provide to you, any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. If I revoke this authorization, I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further calls or send any further texts, such as by using one of the methods designated by the Credit Union; and (7) I certify that all information given in connection with this Application is accurate. I understand that you may verify all information I have given.

Yes! By checking this box, I authorize you and your service providers and/or affiliates to contact me at _____ via phone, and/or text (SMS), using automated dialing technology for marketing or advertising purposes. Message and data rates may apply.

To opt-out at any time, contact us at (614) 674-4800 or (888) 499-Fire (3473) or reply STOP.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

For additional Authorized Signers and/or Directors, Partners, Officers, please request Business Membership Authorized Signer Form.

For Credit Union Use Only – Verification of Right to Do Business		
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Resolution	<input type="checkbox"/> Card Ordered
<input type="checkbox"/> Business License	<input type="checkbox"/> EIN Statement	<input type="checkbox"/> Checks Ordered
<input type="checkbox"/> Fictitious Business Name Statement	<input type="checkbox"/> Interview Sheet	<input type="checkbox"/> Letters of Authorization
Membership Officer: _____	SDID#: _____	Date: _____

ID Verified By: _____	User ID ChexSystem: _____	Date: _____
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Required Field Member #: _____

An overdraft occurs when you do not have enough money in your account to cover a transaction and SF Fire Credit Union pays it anyway. There are several ways we can cover your overdraft:

FREE Overdraft Protection

We attempt to pay your overdraft transactions by first using available funds in your deposit accounts – and if no funds are available, then from an alternative SF Fire Credit Union account. There are NO FEES associated with using your SF Fire Credit Union accounts to pay overdrafts.

Using a Deposit Account or Visa as a Source of FREE Overdraft Protection

- Deposit Accounts (ie Tiered Savings): Each SF Fire Credit Union deposit account can be used to cover unlimited number of overdraft transactions in a given month , as long as there are available funds in the account.
- * E-alerts within Online Banking can help you keep track of account balances or how many transfers remain on your deposit accounts. Log in or contact us to activate.

Designating Your Sources

When attempting to pay your overdraft transactions, we'll first seek available funds in your primary (1st) account. If you would like to change this order – or use different accounts – please indicate this below:

Source of Overdraft Protection

Your Preferred Order (please indicate 1,2,3... or NO)

Tiered Savings: _____

Visa Credit Card: _____

Other SF Fire Account: _____

**Your personal Visa Credit Card: any SF Fire Credit Union Visa Credit Card that you designate as a source of Overdraft Protection can be used to pay an unlimited number of overdraft transactions in a given month- as long as there is available credit. Note: While there is NO FEE associated with using your Visa as a source of Overdraft Protection, finance chargers on overdraft amount will begin accruing immediately.

NO, THANKS. I wish to decline free overdraft protection.

Acknowledgement of Fees

I acknowledge that I have received a copy of the Fee Schedule for Business Accounts: _____ (initial)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____