



SF Fire Credit Union

BUSINESS MEMBERSHIP AND ACCOUNT APPLICATION

For Credit Union Use Only	SDID#
Member Name: _____	Member Number: _____

Account Ownership Requested:

Corporate
 Partnership
 Sole Proprietorship
 Association
 Organization

Eligibility:

I/We are eligible for membership because:

Our Business/Association is expressly named in the Credit Union bylaws.
 All Owners of the business are within the Credit Union's field of membership.

Firefighter
 Family
 Other:

Please check services you would like:

Business Checking
 Savings
 Money Market
 ATM/Debit Card
 Overdraft Protection
 Term Investment

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 the 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		
Name of Business/Association	Date Business Opened	
Type of Business		
Business Address		
City	State	Zip
Business Telephone	Tax ID Number	E-mail Address

CURRENT DIRECTORS, PARTNERS, OFFICERS OR SOLE OWNER				
Last Name	First Name	Middle Initial	Title	
Social Security Number	Driver License/State ID Card	Date of Birth	E-mail Address	
Residence Address	City	State	Zip	Home Phone
Last Name	First Name	Middle Initial	Title	
Social Security Number	Driver License/State ID Card	Date of Birth	E-mail Address	
AResidence Address	City	State	Zip	Home Phone
Last Name	First Name	Middle Initial	Title	
Social Security Number	Driver License/State ID Card	Date of Birth	E-mail Address	
Residence Address	City	State	Zip	Home Phone

AUTHORIZED SIGNERS ONLY		
AUTHORIZED SIGNER	DATE	Social Security
Name (Print)	Title	
AUTHORIZED SIGNER	DATE	Social Security
Name (Print)	Title	
AUTHORIZED SIGNER	DATE	Social Security
Name (Print)	Title	

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 or in person.
 PLEASE SEE REVERSE TO COMPLETE FORM

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Member Name: _____

Member Number: _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Part I: Enter your Taxpayer Identification Number (TIN) in the spaces. For Sole Proprietorship this is your SSN or EIN. For Corporations, Associations, and Partnerships, this is your EIN.

TIN: _ _ - _ - _ _ _ _ _

(Social Security No.)

EIN: _ _ - _ _ _ _ _ _ _

(Employer Identification No.)

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

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

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

SIGNATURE _____

DATE _____

SF Fire CU Deposits are insured by American Share Insurance, the largest provider of private share Insurance. Each SF Fire Credit Union deposit and certificate account is insured up to \$500,000.



This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government.

PROXY: I appoint the Board of Directors of SF Fire CU to appoint a Proxy to represent me at all meetings of the members of the Credit Union. The Proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways to act in my place and stead. This proxy shall remain in force for three years from today, unless revoked by me in writing or revoked by subsequent Proxy. This Proxy will be withdrawn from any meeting, which I attend and vote in person.

By signing below, I/We agree to the terms and conditions of the Truth in Savings/Rate/Fee Schedule and to any amendments thereto which are by this reference incorporated in their entirety into the disclosure. I/We agree to be bound by the terms and conditions of the disclosures and application. I/We understand the credit union will mail the TIS, Fee and Rate Schedule within 10 days of receipt of this application. I/We authorize you to gather any credit, checking account and employment information deemed appropriate from time to time.

X _____
Member Signature Date

X _____
Member Signature Date

X _____
Member Signature Date

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VERIFICATION OF RIGHT TO DO BUSINESS

Verification of right to do business by receipt of:

Articles of Incorporation

Fictitious Business Name Statement

Resolution

Business License

Letters of Authorization

MEMBERSHIP OFFICER _____

DATE _____

Id Verified By

User ID Chexsystem

Type of Account Opened