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**Business Membership/Account Application**

Account # \_\_\_\_\_  New  Update

We, \_\_\_\_\_ hereby apply for membership in Interfaith Federal Credit Union with this application and certify that we qualify for membership based on the relationship stated below.

The name of the account is: \_\_\_\_\_

**ELIGIBILITY**

We are eligible to join Interfaith Federal Credit Union because:

- Current Interfaith FCU member/account # \_\_\_\_\_
- Adding DBA name to existing account: \_\_\_\_\_
- Request for Interfaith FCU membership submitted and approved: \_\_\_\_\_

**BUSINESS STRUCTURE AND REQUIRED DOCUMENTATION:**

DBA (Doing Business As): Please provide Fictitious Business Name and TIN Verification IRS Letter

Sole Proprietor: TIN Verification Letter (if using TIN)

“C/S” Corporation: TIN Verification Letter/Articles of Incorporation

LLC: TIN Verification Letter/Articles of Organization

Other: TIN Verification Letter, Business License, By-Laws

**1 GENERAL INFORMATION**

Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  Corporate  Unincorporated Association

Current President or Executive Officer \_\_\_\_\_

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Account Statement Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Directors or Officers:

Name	Address	Title

This organization  is  is not incorporated, and was organized on \_\_\_\_\_

We hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of INTERFAITH FEDERAL CREDIT UNION. We acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-In-Savings, and the Fee Schedule and agree to be bound by their terms. Our signature(s) below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature **X** \_\_\_\_\_

**2 MEMBERSHIP OPTIONS (OPENING DEPOSIT)**

- MEMBERSHIP FEE** (One time only) ..... \$ 5.00
- CORPORATE SAVINGS ACCOUNT** (\$5 minimum) required membership share ..... \$ \_\_\_\_\_
- CORPORATE CHECKING ACCOUNT** (\$25 minimum) ..... \$ \_\_\_\_\_
- CORPORATE MONEY MARKET MULTIPLIER ACCOUNT** (\$2,000 minimum) ..... \$ \_\_\_\_\_
- CERTIFICATE** (\$1,000 minimum) Term (6 to 60 months)..... Term \_\_\_\_\_ \$ \_\_\_\_\_

**CALL FOR CURRENT RATES**

TOTAL INITIAL DEPOSIT (Including \$5.00 membership fee – if applicable) ..... \$ \_\_\_\_\_

**3 TAXPAYER IDENTIFICATION NUMBER (TIN):**  -

**Certification:** Under penalties of perjury, we certify that (1) The number shown on this form is our correct Taxpayer Identification Number (or we are waiting for a number to be issued to us), and (2) We are not subject to backup withholding because (a) We are exempt from backup withholding, or (b) We have not been notified by the Internal Revenue Service (IRS) that we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to backup withholding. We must cross out item (2) above if we have been notified by the IRS that we are currently subject to backup withholding because of underreporting interest or dividends on our tax return.

**X** \_\_\_\_\_ Signature for Certification of Tax I.D. Number \_\_\_\_\_ Date \_\_\_\_\_

**4**

Interfaith Federal Credit Union may act on the written instructions of any (#) \_\_\_\_\_ of the persons named below to make withdrawals and transfers from this account:

Print Name	Email	Social Security Number
Daytime Phone Number	Driver License Number	Mother's Maiden Name
Signature		
Print Name	Email	Social Security Number
Daytime Phone Number	Driver License Number	Mother's Maiden Name
Signature		
Print Name	Email	Social Security Number
Daytime Phone Number	Driver License Number	Mother's Maiden Name
Signature		
Print Name	Email	Social Security Number
Daytime Phone Number	Driver License Number	Mother's Maiden Name
Signature		
Print Name	Email	Social Security Number
Daytime Phone Number	Driver License Number	Mother's Maiden Name
Signature		

When accepting written instructions, Interfaith Federal Credit Union will require the following identifying information: Authorized signatures, name of the account from which the funds are to be transferred or withdrawn, the amount of the transaction and, if a transfer, the number to which funds are to be transferred. This authorization shall remain in effect until Interfaith FCU has received a written change or cancellation.

\_\_\_\_\_  
Printed Name of Organization's Chairperson

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR CREDIT UNION USE ONLY**

**MEMBERSHIP QUALIFICATION:**

AFFILIATED ORGANIZATION     APPROVED BUSINESS APPLICATION

Documentary Method Used (Other than Driver License)\*

Type of Document: \_\_\_\_\_ ID No: \_\_\_\_\_

Place of Issuance: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Non-Documentary Method Used: \_\_\_\_\_

Results: \_\_\_\_\_

Description of Resolution of Any Substantive Discrepancy: \_\_\_\_\_

ID Verified By (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Approved By (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

	OPENED / ORDERED BY	DATE
CORP. SAVINGS	_____	_____
ONLINE BANKING	_____	_____
CORP. / CHECKING	_____	_____
CHEXSYSTEMS	_____	_____
OFAC	_____	_____
CORP. MONEY MARKET	_____	_____
CERTIFICATE	_____	_____
LOC \$ _____	_____	_____
CHECKS	_____	_____

**BUSINESS SIGNERS (NAME)**

**OFAC/CHEXSYSTEMS (RECORD)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

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