



Organizational Account Membership Application & Account Agreement

Member Number: _____

Company Name: _____

Taxpayer ID: _____

Date Open: _____

Type of Account(s) or Services(s) Desired (Check all that apply)

Share Savings Account (Establishes membership—\$5 minimum opening deposit)

Basic Checking Account

FREE Debit MasterCard or ATM Card Request*

Debit/ATM Card (Cardholder must be 18 years or older)

Also issue a card to Authorized Signers

Do not issue a Debit Card

ATM Card (Cardholder must be 18 years or older)

Also issue a card to Authorized Signers

Premium Savings/Money Market Account (No minimum deposit)

NWFCU Credit Card
Required Information—

Mother's Maiden Name: _____

Share Secured VISA

*Checking account applicants will receive a Debit Card within 10 days. Additional Debit or ATM cardholders have access to all accounts.

FREE eStatements (access your monthly statement via our secure website)

Email Address: _____

FREE NWLink Internet Banking with Bill Payer

- NWFCU Checking Account required for Bill Payer.
- NWLink users are automatically enrolled in Shared Branches.
- NWLink users receive monthly statements electronically via eStatements unless the box below is checked.

I do not want to receive eStatements

FREE Shared Branch Access (account access at 1,600+ shared branches nationwide)

Overdraft Protection

Your NWFCU Checking account has fee-free automatic overdraft protection from your Share Savings Account, Premium Savings/Money Market Account, and your NWFCU Credit Card. Please indicate the order in which each source is to be used by circling the numbers below with 1 for first source; 2 for second; 3 for third.

My Checking Account number is: 71916 _____

1 2 3 Share Savings Account

1 2 3 Premium Savings/Money Market Account

1 2 3 Credit Card No. _____

Account Agreement

Business hereby makes application for membership in NWFCU, subscribes for at least one share and requests that Northwest Federal Credit Union open the account(s) indicated above. Each person who has signed this Agreement agrees to be bound by the terms and conditions of Northwest Federal Credit Union's rules, regulations, bylaws and policies. By execution of this Application and Agreement for Membership to Northwest Federal Credit Union, signer certifies that he or she is in connection with the establishment of this account(s). All parties acknowledge and agree that each signer of the account set forth in this Agreement can take any and all actions on this account unilaterally, without the signature of any other signer. Each signer and severally agrees to defend, indemnify and hold Northwest Federal Credit Union harmless from any claim made against, or other loss sustained by Northwest Federal Credit Union in relation to such account, including but not limited to any returned items, overdrafts, unpaid charges or amounts, and reasonable attorneys fees and court costs incurred in connection with same. All parties agree that automatic overdraft protection will be placed in accordance to your overdraft protection selection indicated above under this business account number when a checking account is opened.

Certification: Under penalties of perjury, I certify that the information provided above is true, correct, and complete and that all members of this organization are within the field of membership of Northwest Federal Credit Union. I understand that the named persons shall continue to be authorized to access the account(s) until I/we notify Northwest Federal Credit Union otherwise.

The company is (select one): Sole Proprietorship General Partnership Limited Partnership
 Limited Liability Company Corporation Unincorporated Organization
 Other _____

Company Purpose: _____

I certify that any officer or agent whose names appear below have been authorized to sign checks and other orders and transact business on behalf of the Company. These signatures are true signatures of such officers or agents. Only one signature is required in the payment of funds of the Company.

By: _____

Title: _____

Business Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Home Address: (Sole Proprietor Only) _____

City, State, Zip: _____

Daytime Telephone: _____

Office Hours: _____

Evening Telephone: _____

Email Address: _____

Authorized Signers

Name 1 (please type) : _____ Signature: _____

Date of Birth: _____ Social Security #: _____ Driver's License # & State: _____

Name 2 (please type) : _____ Signature: _____

Date of Birth: _____ Social Security #: _____ Driver's License # & State: _____

Name 3 (please type) : _____ Signature: _____

Date of Birth: _____ Social Security #: _____ Driver's License # & State: _____

Name 4 (please type) : _____ Signature: _____

Date of Birth: _____ Social Security #: _____ Driver's License # & State: _____

Sole Proprietorship Only

Payable on Death (POD) Account Agreement :

I agree that the person(s) named below is (are) designated as POD payee(s) for this member number and all subsequent accounts under this member number. All parties to the account(s) agree to be bound by the terms of the POD Account Agreement in the event that one or more POD payees are named. During my lifetime, all funds paid into or deposited into this account, including any earnings thereon, shall be owned by me only and payment may be made upon my (any of our) request. Upon my death, all such funds shall be owned by the POD payee(s) surviving. Any funds remaining will be paid equally between all surviving PODs. Any payment upon my (any of our) request, or the request of any other party with the right to request payment, discharges Northwest Federal Credit Union from any liability for such payment and all parties to this account, their heirs, executors and personal representatives agree to defend, indemnify and hold Northwest Federal Credit Union harmless from any claim asserted by any person or estate as a result of the payment of funds in this account.

POD Payee(s): _____ Social Security Numbers: _____

Backup Withholding:

Certification as to Taxpayer Identification Number and Backup Withholding Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because, a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
2. I am a U.S. person (including a U.S. resident alien)
3. The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Authorized Signature: _____ Date: _____

Credit Union Use Only

New Reopen ID Scanned ID Attached

Eligible for Membership _____

Member Service Representative: _____ Date: _____