



Organizational Account Membership Application & Account Agreement

- New Account
- Account Update
 - Add/Change Owner(s) or Authorized Signers
 - Add Services

Member Number: _____ Organization Name: _____
 Taxpayer ID: (EIN, TIN, or SSN) _____ DBA: (if applicable) _____
 Date Open: _____

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

- Primary Savings Account
- Additional Savings Account
- Money Market Account
- Certificate Account(s)
- Choice Checking Account
- Elite Checking Account

- FREE Debit/ATM Card Request
 - Issue an additional card to all Authorized Signers
- FREE ATM Card Request
 - Issue an additional card to all Authorized Signers

* Additional Debit or ATM cardholders have access to all accounts.

Account Agreement

Organization 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 individually 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.

Organization 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 Organization. These signatures are true signatures of such officers or agents. Only one signature is required in the payment of funds of the Organization.

By: _____ Title: _____

Organization Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Daytime Telephone: _____ Office Hours: _____

Evening Telephone: _____ Email Address: _____

Primary Account Owner

Name: _____ Signature: _____

Title: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Driver's License # & State: _____ Issue Date: _____ Expiration Date: _____

Address: _____ City, State, Zip: _____

Authorized Signers

Name 1 (please type) : _____ Signature: _____
Title: _____ Position: _____
Date of Birth: _____ Social Security #: _____
Driver's License # & State: _____ Issue Date: _____ Expiration Date: _____
Address: _____ City, State, Zip: _____
Signer On: Primary Savings Checking Money Market Other _____
Powers Granted: _____

Name 2 (please type) : _____ Signature: _____
Title: _____ Position: _____
Date of Birth: _____ Social Security #: _____
Driver's License # & State: _____ Issue Date: _____ Expiration Date: _____
Address: _____ City, State, Zip: _____
Signer On: Primary Savings Checking Money Market Other _____
Powers Granted: _____

Name 3 (please type) : _____ Signature: _____
Title: _____ Position: _____
Date of Birth: _____ Social Security #: _____
Driver's License # & State: _____ Issue Date: _____ Expiration Date: _____
Address: _____ City, State, Zip: _____
Signer On: Primary Savings Checking Money Market Other _____
Powers Granted: _____

Name 4 (please type) : _____ Signature: _____
Title: _____ Position: _____
Date of Birth: _____ Social Security #: _____
Driver's License # & State: _____ Issue Date: _____ Expiration Date: _____
Address: _____ City, State, Zip: _____
Signer On: Primary Savings Checking Money Market Other _____
Powers Granted: _____

SSN/Taxpayer Identification Number (TIN) Certification and backup withholding information

- Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- I am subject to backup withholding
- I am not a U.S. person; for income tax purposes I must complete a W-8BEN.

Authorized Signature: _____ Date: _____

Credit Union Use Only

New Reopen Eligibility for Membership: _____
Member Service Representative: _____ Date: _____