



Business Services

BUSINESS MEMBERSHIP APPLICATION

*Business must have a taxpayer identification number (no SSN).
It must be licensed in and organized under the laws of Virginia*

Membership Eligibility (check one and provide a description of how the Business is eligible for VACU membership)

- Business – describe how eligible: _____
- Principal Owner(s) – describe how eligible: _____

Business Information

Entity Type: Corporation General Partnership Limited Partnership LLC / PC / PLLC Unincorporated / Sole Proprietorship

EIN - Taxpayer Identification Number for the Business: _____

Business Legal Name: _____

DBA or Trade Name if different from legal: _____

VA SCC Formation Date: _____ SCC ID: _____ Nature of Business: _____

Business Physical Address: Street _____ City _____ State _____ Zip: _____

Business Mailing Address: Street _____ City _____ State _____ Zip _____

Business: Phone (_____) _____ Email _____ Website _____

Owner Information If a VACU member, enter your membership number here: _____

Authority Type (check one): Owner Partner Member Director Trustee Authorized Signer Corporate Owner

I am a: (check one) US Citizen Resident Alien Non-resident Alien Country of Citizenship _____

Legal Name: _____ SSN/ITIN: _____

Physical Address: Street _____ City _____ State _____ Zip: _____

Mailing Address: Street _____ City _____ State _____ Zip: _____

Birth date (MMDDYYYY) _____ Work Phone (_____) _____ Home Phone (_____) _____

(Optional Info) Cell # (_____) _____ Email: Home _____ Business _____

Important Information About Procedures For Opening A New Account

Federal law requires all financial institutions to obtain, verify and record information that identifies each business or individual who opens an account. When you open an account, we will ask for your business legal name, business address, TIN/EIN and other information that allows us to identify the business or each individual. We may also ask to see an individual's identification and other identifying documents that verify the legal existence of the business.

AGREEMENT and Request for Membership

To the Virginia Credit Union (VACU) Board of Directors, by signing or otherwise authenticating this Application, I on behalf of the named Business: (1) apply for membership; (2) submit \$5 towards one VACU share; (3) request a Member Share account be opened to deposit the share; (4) agree this Membership Par Share account as well as any other future VACU account or service provided on behalf of the Business is subject to all VACU bylaws, terms and conditions, including those stated in the Member Business Services Account Agreement and Disclosures; and (5) attest I am at least 18-years of age, and legally authorized with the power and lawful authority to execute this Application on behalf of the Business. In addition, I authorize VACU to verify all information submitted on this Application and that such information can be verified through use of third parties such as credit reporting agencies, or other creditors. I understand that VACU requires specific documentation and/or evidence before opening accounts and/or services.

Business ID Number (TIN) and Certification (for specific information, visit the irs.gov website and search on "Form W-9")

Under penalties of perjury, I certify that: (1) the number shown on this form is the correct taxpayer identification number for the business (or I am waiting for a number to be issued to the entity), and; (2) the business is not subject to backup withholding because: (a) the business is exempt from backup withholding, or (b) the entity has not been notified by the Internal Revenue Service (IRS) that the entity is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that the entity is no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person. *You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.*

The IRS does not require your consent to any provision of this document other than this Tax Certification

SIGNATURE

By signing or otherwise authenticating, I attest that all information provided on this Application is true and accurate.

Signature _____ Date Executed _____

VACU USE: BUSMBRAPPv.020115	Date	Branch	Employee	Member #
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