

Congregation/Business Membership Application

Please review carefully. Your Business Membership will be opened only with a completed application along with the required documentation.

Eligibility and Criteria:

- The Entity is within LutheranFCU's (LFCU) field of membership.
- Account must be opened under TIN assigned to business entity.
- LFCU requires one partner, member, or officer be listed as an Account Manager for the purpose of authorizing changes to the account.
- A minimum of 2 Authorized Signers (not required to be in our field of membership) are required for savings and checking accounts, unless the organization is a sole proprietorship.
- This application must be signed by people authorized within your bylaws/formation documents to handle financial matters.

Required Documentation:

- Completed and signed Application (attached)
- Non-expired, government issued identification for all Authorized Signers to be on the account (i.e., driver's license, passport, military ID, etc.)
- State Registration form for the Congregation/Entity (online registration certificates are acceptable)

We are required, by federal law, to obtain, verify, and record information that identifies each congregation/business or individual opening a LFCU Membership. We will ask for your congregation/business legal name, address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide one of the following current forms of identification • US Driver's License • Passport • US Military ID • Other Government Issued picture ID. **REQUIRED IDENTIFICATION** for the Business entity is listed at the beginning of this form. **LFCU reserves the right to request additional identification.**

Congregation/Business Account Application

PART 1: GENERAL INFORMATION AND CONGREGATION/BUSINESS ACTIVITY

Type of Business: Corporation Other (please specify) _____

Congregation/Entity Name:

EIN/TIN: Individual Name Completing Application:

Physical Address (number, street, and apt or suite n^o) City: State and Zip Code:

Phone: State in which organization is registered: Date Registered: _____

Email address: Web address (if applicable):

PART 2: ACCOUNT SERVICES (CHECK THOSE FOR WHICH YOU ARE APPLYING)

Stewardship Savings Account (*this account is required to become a member and be eligible for lending products*)
 Fellowship Checking Account

PART 3: ACCOUNT MANAGER – All fields required to be completed.

LFCU requires one person be named to have the authority to make changes/updates to the Membership (e.g. change address or signers, open accounts, etc.) and, if applicable, is authorized to make any changes to the Ministry Classic Credit Card.

Individual's First Name: Middle Initial: Last Name:

Government Identification # : (ie, Driver's License, Passport, etc.) Identification Expiration Date:

LFCU Member Number (if applicable) Title/Position:

Residential Address (number, street, and apt or suite no.) City: State
 Zip

DOB: Gender: SSN: Cell Phone: Email:

____/____/_____

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PART 3 Cont'd: AUTHORIZED SIGNERS - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:	
Government Identification # : (ie, Driver's License, Passport, etc.)			Identification Expiration Date:		
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:	

PART 4: Information Specific to Business

For a Congregation or an entity within the LCMS as defined in our field of Membership • Account will be opened under the Tax Identification Number supplied and MUST match business name • LFCU requires one partner, member, or officer to be listed as the Account Manager • Authorized signers do not need to be in the field of membership

PART 5: Certification and Agreements

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For most entities this is the EIN assigned to the business.

Employer Identification Number (EIN) _____

Certification - We hereby certify that: (1) The information on this form is true, correct, and complete and if proven otherwise, you may revoke any services we use, and (2) The number shown on this form is our correct taxpayer identification number, and (3)* We are not subject to backup withholding because: (a) We are exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) We have not been notified by the Internal Revenue Service (IRS) that we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to backup withholding, and (4) We are U.S. citizens or lawful permanent residents.

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*We agree to check here if we have been notified by the IRS that we are subject to backup withholding because we have failed to report all interest and dividends on our tax return. **The IRS does not require us to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Agreements: All those of us who must be in your field of membership certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined. Signing below for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the MasterCard Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested, or those requested in the future (Online Banking will be immediately accessible). LFCU will send these disclosures (as applicable) via email for your electronic signature. We authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time, and understand you may make credit or other decisions based in part on this information.

Each of the persons authorized on the account(s) is duly authorized to act with respect to transacting on the account(s) and the Credit Union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign until the Credit Union receives written instructions to the contrary. Changes in Ownership will require a Business Account Change Form be completed.

In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further, each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to the Credit Union and agree that LFCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS. In addition, we certify that 1) all necessary steps have been executed to legally establish the business referenced above, and 2) We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account. LFCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading.

TWO SIGNATURES FROM AUTHORIZED AGENTS OF THE ORGANIZATION ARE REQUIRED

WE FURTHER CERTIFY that the individuals listed below are current representatives of said organization and the title/positions respectively held by them as stated in part 3 above are accurate.

X _____
Printed Name

X _____
Signature

Date

X _____
Printed Name

X _____
Signature

Date