



4201 Members Way
 Fairfax, VA 22030
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 www.fairfaxcu.org

MAINTENANCE APPLICATION

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Fairfax County Federal Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures.

Account Type	Account Number	Member Number

Account Change Authorization

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all the accounts listed above unless the credit union is notified in writing of a change.

Ownership Information					
Joint Ownership			Account Type		
Other			Other		
Initials	Date	Initials	Date	Initials	Date
X		X		X	

Ownership

Joint Account with Survivorship

On the death of an owner of the account, the deceased owners interest in the account passes to the surviving owner(s) of the account.

Joint Account without Survivorship

On the death of an owner of the account, the deceased owners interest in the account passes as part of the owners estate by will, trust or intestacy.

Primary Member (Applicant)

Name		Birth Date		Social Security No./TIN	
Physical Address (City, Street, State, Zip)				Home Telephone No.	
Mailing Address			Email Address		
Employment Status:		Self-Employed – Nature of Business _____			
Employer		Occupation/Position		Work Telephone No.	
Citizenship		Country of Citizenship		PEP	
Identification Type:					
Identification Number		Country/State of Issue		Expiration Date	

Joint Owner

Name		Birth Date		Social Security No./TIN	
Physical Address (City, Street, State, Zip)				Home Telephone No.	
Mailing Address			Email Address		
Employment Status:		Self-Employed – Nature of Business _____			
Employer		Occupation/Position		Work Telephone No.	
Citizenship		Country of Citizenship		PEP	
Identification Type:					
Identification Number		Country/State of Issue		Expiration Date	

Joint Owner

Name		Birth Date		Social Security No./TIN	
Physical Address (City, Street, State, Zip)				Home Telephone No.	
Mailing Address			Email Address		
Employment Status:		Self-Employed – Nature of Business _____			
Employer		Occupation/Position		Work Telephone No.	
Citizenship		Country of Citizenship		PEP	
Identification Type:					
Identification Number		Country/State of Issue		Expiration Date	

Account Designation

Account Designation – Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts identified below.

Beneficiary #1 – Name and Address	Birth Date	SSN/TIN	Relationship
For the following account(s):			
Beneficiary #2 – Name and Address	Birth Date	SSN/TIN	Relationship
For the following account(s):			
Beneficiary #3 – Name and Address	Birth Date	SSN/TIN	Relationship
For the following account(s):			
Beneficiary #4 – Name and Address	Birth Date	SSN/TIN	Relationship
For the following account(s):			

Important IRS Information – TIN Certification

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 **2.)** 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 **3.)** I am a U.S. citizen or other U.S. person (defined below); and **4.)** The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check the item 2 box from 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Signatures

You hereby apply for membership with Fairfax County Federal Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for Fairfax County Federal Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature	Date	Joint Owner Signature	Date
Primary Owner Signature	Date	Joint Owner Signature	Date

Authorized Signers

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time.

Name	Title	Signature X	Date
Name	Title	Signature X	Date
Name	Title	Signature X	Date

Certificate of Authority

ACCOUNT OWNER – The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.

AUTHORIZED PARTIES – The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

AUTHORITY

1. Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Supplement and Schedule of Fees and Charges, as amended from time to time.
2. The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
3. Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
4. The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.

LIABILITY – The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change or change of Account Owner.