

SMALL BUSINESS SERVICES APPLICATION

Welcome to Chicago Municipal Employees Credit Union (CMECU). Please complete application in ink, sign it and bring to the credit union to apply for membership. If you have any questions contact Small Business Services at 312 236-2326.

1. BUSINESS INFORMATION AND OWNERSHIP

STATE UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER

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FEDERAL TAX IDENTIFICATION NUMBER EIN or SSN

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If SSN, name of individual:

BUSINESS NAME (DBA, IF APPLICABLE)

BUSINESS LOCATION/STREET ADDRESS (REQUIRED)

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

BUSINESS PHONE

BUSINESS FAX

EMAIL ADDRESS

2. BUSINESS TYPE AND STRUCTURE – REQUIRED DOCUMENTS

IS YOUR BUSINESS A CHARITABLE ORGANIZATION? YES NO

BUSINESS STRUCTURE:

Sole Proprietorship:

State Business License

Partnership:

State Business License

Partnership Agreement, to include list of partners

Corporation:

State Business License

Articles of Incorporation

Bylaw, if applicable

Limited Liability Company (LLC):

State Business License

LLC Agreement, to include list of members

Formation Documents

3. AUTHORIZED SIGNERS

IMPORTANT INFORMATION ABOUT YOUR PROCEDURES FOR OPENING A NEW ACCOUNT. Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. **What this means to you:** When you open an account we ask for 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 or other identifying documents.

Signer 1	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID OR DRIVER'S LICENSE #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Signer 2	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID OR DRIVER'S LICENSE #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Signer 3	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID OR DRIVER'S LICENSE #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Signer 4	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID OR DRIVER'S LICENSE #	DATE ISSUED	EXPIR. DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

4. AGENTS* AND NON-AUTHORIZED AGENTS**

***Agents may make inquiries on accounts and perform transactions between accounts. **Non-Authorized Agents may only make inquiries on account.**

NAME (1)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (2)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (3)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (4)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH

5. PRODUCTS AND SERVICES

Please visit cmecuonline.org for additional information on our products and services.

A savings account with a minimum deposit of \$100.00 is required to establish membership at CMECU.

Please refer to the CMECU Account Disclosure for rates and fee schedule.

CHOOSE ALL THAT APPLY:

- Business Member Share Savings
- Savings Account
- Basic Checking Account
- Money Market Account
- Certificate of Deposit
- Interest Bearing Checking Account

ISSUE DEBIT CARDS TO: (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4) Authorized Signer

Please see information in the Deluxe Check Design Brochure to order checks.

6. MEMBERSHIP AGREEMENTS AND SIGNATURES

By signing below, you, the business, and each authorized signer(s), (collectively "You"), acknowledge and agree; that the information You provided is accurate, complete, and true and that You have instructed CMECU as to the proper title of the account and we may rely on the information in our dealings with You, now and in the future; that CMECU may receive information about Your credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application; that You have reviewed and will retain for Your records the Truth-In-Savings Disclosure and Membership Account Agreement, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and by signing below You acknowledge their receipt and agree to their terms; that issuance of each Debit Card or other access device selected in Section 3 is specifically requested; and that by selecting a Checking Account, You authorize CMECU to debit the cost of the checks from Your checking account at the time of the check order.

By signing below, whether You are a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), You certify that You, by Resolution or otherwise, duly adopted in accordance with Your charter, bylaws, and applicable law, are authorized to enter into this Agreement, apply for and maintain membership, sign up for additional products and services with CMECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to CMECU. Any action hereto taken by You is hereby ratified and confirmed. Unless or until CMECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for CMECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, I certify In accordance with the IRS W-9 instructions and under penalties of perjury 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. person (Including a U.S. resident alien).

Certification Instructions 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. Cross out item 3 and complete a W-8 BEN if You are not a U.S. person. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

BASIS FOR ELIGIBILITY

(1) AUTHORIZED SIGNER & TITLE	DATE
(2) AUTHORIZED SIGNER & TITLE	DATE
(3) AUTHORIZED SIGNER & TITLE	DATE
(4) AUTHORIZED SIGNER & TITLE	DATE

This section to be completed by CMECU	SHARE ACCOUNT #	CHECKING ACCOUNT #	MONEY MARKET ACCOUNT#	CD ACCOUNT #
	DATE	REP	<input type="checkbox"/> ID Verified <input type="checkbox"/> OFAC on Business Name <input type="checkbox"/> Qualifile	

Main Office
18 S. Michigan Ave., Ste. 1000
Chicago, Illinois 60603
Phone: 312 236-2326
Fax: 312 236-1147

Austin/W. Garfield Office
4909 West Division
Chicago, Illinois 60651
Phone: 312 236-2326
Fax: 773 378-2897

E-mail:
info@cmecuonline.org

Web Site/Home Banking:
www.cmecuonline.org

Chicago Municipal Employees
Credit Union



Federally Insured
by NCUA

