

SMALL BUSINESS SERVICES RELATIONSHIP CHANGE FORM

Completed form may be returned to Chicago Municipal Employees Credit Union (CMECU) location; additional signers must provide valid picture 10 prior to being added to the account(s). If you have any questions please contact Small Business Services at 312 236-2326.

BUSINESS NAME (DBA, IF APPLICABLE)	FEDERAL TAX IDENTIFICATION NUMBER <input type="checkbox"/> EIN or <input type="checkbox"/> SSN										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

1. COMPLETE THIS SECTION TO CHANGE YOUR ADDRESS, PHONE NUMBER, AND/OR EMAIL

NEW BUSINESS LOCATION/STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE
NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
NEW BUSINESS PHONE	NEW BUSINESS FAX		
NEW EMAIL ADDRESS			
<small>By providing your email address, you agree that CMECU may send marketing information regarding products and services to you electronically.</small>			

2. COMPLETE THIS SECTION TO CHANGE THE BUSINESS NAME

Please provide copy of business license showing the new legal name of your business.

FORMER BUSINESS NAME	NEW BUSINESS NAME
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3. COMPLETE THIS SECTION TO INDICATE AUTHORIZED SIGNERS

If adding or removing authorized signers, all authorized signers are required to sign in Section 8. In the event all authorized signers are not available, a resolution sign by the business owner, board of directors, or other individuals authorized in accordance with governing documents should be provided. **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. COMPLETE THIS SECTION TO INDICATE AGENTS

If adding or removing an Agent, only one Authorized Signer is required to sign in Section 8.

NAME (1)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (2)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (3)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (4)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH

5. COMPLETE THIS SECTION TO INDICATE NON-AUTHORIZED AGENTS

If adding or removing an Agent, only one Authorized Signer is required to sign in Section 8.

NAME (1)	<input type="checkbox"/> LOAN INQUIRY	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (2)	<input type="checkbox"/> LOAN INQUIRY	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (3)	<input type="checkbox"/> LOAN INQUIRY	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (4)	<input type="checkbox"/> LOAN INQUIRY	SSN/TIN	MOTHER'S MAIDEN NAME	DATE OF BIRTH

6. NEW PRODUCTS AND SERVICES

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

CHOOSE ALL THAT APPLY:

- Business Member Share Savings
- Savings Account
- Basic Checking Account Interest Bearing Checking Account
- Please send me a new Check Design Brochure
- Money Market Account
- Certificate of Deposit

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

This section to be completed by CMECU	NEW SAVINGS #	NEW CHECKING #	DATE	REP
	<input type="checkbox"/> ID Verified <input type="checkbox"/> Qualifile <input type="checkbox"/> Entity documents, to include confirmation of signers, reviewed			

7. COMPLETE THIS SECTION TO CLOSE YOUR ACCOUNT

ACCOUNT TO BE CLOSED	EFFECTIVE DATE OF CLOSURE
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REASON FOR CLOSURE

OUTSTANDING CHECKS	#	\$	#	\$	#	\$	#	\$
OUTSTANDING CHECKS	#	\$	#	\$	#	\$	#	\$

DISPOSITION OF BALANCE	For CMECU Use Only
<input type="checkbox"/> Transfer the balance to CMECU account number:	<input type="checkbox"/> ATM Status <input type="checkbox"/> Prim Acct. Changed
<input type="checkbox"/> Mail the balance to the following address:	<input type="checkbox"/> Web/IVR Status <input type="checkbox"/> Web/IVR Delinked
	<input type="checkbox"/> Draw Accounts <input type="checkbox"/> Debit Card
	<input type="checkbox"/> Bill Payment <input type="checkbox"/> Allotments

8. AGREEMENTS AND SIGNATURES

By signing below, you, the business, and each authorized signer(s), (collectively "You"), acknowledge and agree to the terms and conditions, to include applicable disclosures: (1) contained in this and any previously executed Small Business Services Account Change form and Small Business Services Application; (2) of the Account Agreements, all as amended to date; (3) that issuance of each Debit Card or other access device selected in section 6 is specifically requested.

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.

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

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



Federally Insured by NCUA

