



2525 Green Bay Rd, North Chicago, IL 60064  
(847)578-7000 or (800) 982-7850  
www.glcu.org

## Membership/Account Agreement – Business Member

Account # \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Business Information:

Business Name: \_\_\_\_\_ Social Security/Tax ID # \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # Years in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

### Eligibility:

- ☐ I am employed by, retired from or a member of one of the GLCU sponsor organizations.  
☐ I live or work at an address that qualifies for GLCU membership.  
☐ I am a relative of an existing GLCU member. Please list name & address or GLCU # \_\_\_\_\_

### Business Type:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company   |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Not-for-profit Organization |
| ___ General or Informal Partnership          | <input type="checkbox"/> Corporation                 |
| ___ Limited Partnership                      |  |
| ___ Limited Liability Partnership            |  |

### Taxpayer Identification Number (TIN) Certification:

\_\_\_\_ By initialing, I certify, under penalty of perjury, that: (1) the social security number or employer identification number shown on this form is the Business' correct taxpayer identification number and (2) the Business is not subject to backup withholding because (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service (IRS) that the Business is subject to backup withholding as a result of failure to report all interest or dividends, or (C) the Business has been notified by the IRS that the Business is no longer subject to backup withholding; and (3) he/she is a U.S. Person (including a U.S. resident alien). CAUTION: if you are subject to Backup Withholding, please strike out the language in item (2) above. **I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid a backup withholding.**

### Terms & Conditions of Deposit Agreement:

\_\_\_\_ By initialing, the Business Owners/Signers understand that there are rules and regulations that Great Lakes Credit Union and I/we must follow. I/we understand my/our rights and obligations as Great Lakes Credit Union's depositor, agree to be bound by the rules and regulations and have received the Business Account Disclosure/Agreement and Fee Schedule. I/we the Business owners/signers certify on behalf of the business that the business does not engage in an Internet gambling business and I/we understand that Great Lakes Credit Union may verify all information given on this application/account agreement.

### Revocable Proxy:

\_\_\_\_ By initialing, I do hereby appoint the Board of Directors of Great Lakes Credit Union who are the qualified and acting directors at the time this proxy is used., as proxies to vote for the election of directors, proposals for mergers or voluntary dissolutions, the share(s) of GLCU now or hereafter owned or held by me, as the said directors of a majority of them see fit, at all annual or special meetings of the members of GLCU hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is canceled by me. I deny the proxy provision and opt to vote my shares at Annuals and Special Meetings of Shareholders. I understand that the proxy appointment is voluntary and not a condition of membership and may be revoked at my request.

## Corporate Resolution:

RESOLVED THAT: I/we are authorized to (a) enter into this Deposit Agreement on, (b) draw checks on this account, and (c) execute any document including, but not limited to, facsimile signature authorization agreements, wire transfer agreements and automated clearinghouse agreements, and take any action on behalf of this organization to carry out the terms of these authorization and the terms of the documents described therein. Great Lakes Credit Union is authorized to honor and pay all checks signed as provided herein, including those drawn to the order of any officer or other authorized signer on the account.

I Certify that: this is a copy of the resolution adopted by the board of the \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_; the signatures appearing in the signature section below are those persons authorized to withdraw funds in accordance with this resolution until such authority is revoked by giving written notice to the Credit Union signed by authorized officers of this organization; this resolution is still in force.

Secretary of Corporation: \_\_\_\_\_

Date: \_\_\_\_\_

## Owner/Authorized Signer Personal Information:

Great Lakes Credit Union may obtain credit reports or other information about the owner(s)/principal(s)/authorized signer(s). By signing this Business Membership/Account Agreement, I/we have full authority and legal capacity to open, close and/or maintain these accounts. I/we (the Authorized Signer(s) bind the organization to the provisions, terms and conditions hereof and of the Great Lakes Credit Union Buesiness Deposit Account Agreement, Fee and Rate Schedule and other separate disclosures. I/we can originate wire transfers, or make telephone or computer transfers, regardless of the number of signatures required to pay a check or make a withdrawal. I/we certify that the information reported in the TIN Certification section is correct.

Name 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Identification: \_\_\_\_\_

SSN#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Identification: \_\_\_\_\_

SSN#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name 3: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Identification: \_\_\_\_\_

SSN#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### Documentation Required:

#### All Business Accounts will need the following documentation:

- ☐ Completed Membership/Account Agreement – Business Member
- ☐ Appropriate identification for all signers
- ☐ 60 Days of previous bank statements for the business (if new business, 60 days of personal bank statements)
- ☐ IRS letter confirming Federal Employer Tax ID Number (EIN); *if applicable, IL Dept of revenue letter confirming IL Business Tax Number & IL Dept of Employment Security letter confirming IL Employment Security Account Number.*

### Additional Documentation Required:

#### Based on Business Type please provide the following documentation (in addition to the items listed above):

##### Sole Proprietorship:

- ☐ *Business License/Sales Tax Certification/Seller's Permit (optional in some cities or counties)*

##### Sole Proprietorship – DBA:

- ☐ Proof of Publication of the Fictitious Name Statement or Assumed Name Certificate
- ☐ *If Applicable, Form BCA-4.15/4.20 Application to Adopt, Change or Cancel, an Assumed Corporate Name (recorded with the IL Secretary of State and County Recorder's office)*

##### General or Informal Partnership:

- ☐ *Business License/Sales Tax Certification/Seller's Permit (optional in some cities or counties)*

##### General or Informal Partnership – DBA:

- ☐ Proof of Publication of the Fictitious Name Statement or Assumed Name Certificate
- ☐ *If Applicable, Form BCA-4.15/4.20 Application to Adopt, Change or Cancel, an Assumed Corporate Name (recorded with the IL Secretary of State and County Recorder's office)*

##### Limited Partnership:

- ☐ Certificate of Limited Partnership Form LP 201 (recorded with IL Secretary of State and County Recorder's Office)
- ☐ *Business License/Sales Tax Certification/Seller's Permit (optional in some cities or counties)*

##### Limited Liability Partnership

- ☐ Statement of Registration Form UPA – 1101; Statement of Partnership Authority Form UPA – 303; Statement of Denial Form UPA – 304 (recorded with IL Secretary of State and County Recorder's Office)
- ☐ *Business License/Sales Tax Certification/Seller's Permit (optional in some cities or counties)*

##### Limited Liability Company

- ☐ Articles of Organization Form LLC-5.5 (must be stamped by Secretary of State & County Recorder's Office)
- ☐ Annual Report Form LLC-50.1 (D)
- ☐ Operating Agreement
- ☐ Certificate of Good Standing of File Detail Report (<http://www.ilsos.gov/corporatellc/index.jsp>)
- ☐ *If Applicable, Articles of Amendment Form LLC-5.25*

##### Corporation:

- ☐ Corporate Resolution (*must be completed, signed and dated by corporate secretary*)
- ☐ Articles of Incorporation Form BCA 2.10 (*or BCA 2.10 MCA*); for Medical Corporations Form BCA 2.10 (*or BCA 2.10 2A*); for Close Corporations Form BCA 2.10 (*or BCA 2.10 PSCA*) for Professional Service Corporations (*recorded with the IL Secretary of State & County Recorder's Office*)
- ☐ Certificate of Good Standing of File Detail Report (<http://www.ilsos.gov/corporatellc/index.jsp>)
- ☐ Statement of Domestic Stock Corporation (*optional*)

##### Not-for-Profit Organization:

- ☐ Articles of Incorporation Form NFP 102.10 (*recorded with IL Secretary of State & County Recorder's Office*)
- ☐ Organization Charter or Bylaws (*must include statement confirming non-profit status in accordance with the IRS code*)