



## **Business Membership Requirements**

**Required Documentation:** All Business Memberships require a completed membership application, ID of all signers, beneficial owner documentation, and listed documentation below.

### **Sole Proprietor**

- Name Certificate- State of Ohio
- SSN or EIN
- Sole Proprietor resolution

### **Partnership**

- Name Certificate- State of Ohio
- EIN
- Partnership Agreement
- Partnership Resolution

### **Limited Partnership**

- Certificate of Limited Partnership- State of Ohio
- EIN
- Partnership Agreement
- Partnership Resolution

### **Limited Liability Partnership**

- Registration of LLP- State of Ohio
- EIN
- Partnership Agreement
- Partnership Resolution

**Limited Liability Company**

- Certificate of LLC (pre-2006 formation) OR Certificate of formation (post-2006)- State of Ohio
- EIN
- Operating Agreement
- LLC Resolution
- Certificate of good standing

**Corporation**

- Certificate of incorporation
- EIN
- Corporate Resolution (for non-profit, the box must be checked at the bottom of p. 1)
- Certificate of good standing

**Other Organizations and Associations**

- Bylaws or Charter for Association (required for churches, unless incorporated)
- Minutes- reflecting elected authorized signer or letter signed by the president on letterhead authorizing the establishment of an account and respective signers.
- EIN
- Resolution of Lodge, Association, or other similar organization.

MEMBER NUMBER:

## SIGN ME UP! (Please complete the following information)

☐ Eligibility for Membership \_\_\_\_\_

**REQUIRED** What type of product or service does your business offer? (Ex: Produce and sell cups):

## OWNERSHIP OF ACCOUNT

☐ Limited Liability Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Corporation (For Profit) ☐ Corporation (Not for Profit) ☐ Association Club ☐ Organization ☐ Nonprofit Organization ☐ Other \_\_\_\_\_

Does your business provide any of the following services? (check all that apply)

- ☐ Cash Checks
- ☐ Transmit Money
- ☐ Gambling, Betting & Wagering
- ☐ Marijuana Related Business
- ☐ Cash intensive business (Expect to deposit or withdraw (\$10,000 or more in cash monthly)
- ☐ Provide Payment Processing Services (ACH Originations, Remote Deposit Check Deposit, Card Processing)

## BUSINESS INFORMATION

Business Name:

EIN/SSN:

Charter/Open Date:

Business Address:

City/State/Zip:

Mailing Address (If different from home address):

City/State/Zip:

Business Phone:

Other Phone:

State ID or Drivers License Number/Type/State/EXP Date of Primary Owner:

Email (☐ Yes! I want eStatements):

Preferred Method of Contact: ☐ Email ☐ Telephone ☐ Mail  
If we need to call, when is the best time to call:

Online Banking Corporate ID:

**SELECT YOUR BRIDGE SERVICES** (Please refer to the terms and conditions of your account that were provided)

- ☒ Savings (Required) ☐ Interest Business Checking ☐ Non-interest Business Checking ☐ Business Money Market
- ☐ Business Certificate ☐ Debit Card ☐ Online Banking

## AUTHORIZATIONS (SIGNATURE REQUIRED)

\*By signing below, I/we agree to the terms and conditions of the Business and Account Agreement and to any amendments the Credit Union makes from time to time. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested, or receipt of a copy within an appropriate amount of time after requesting services remotely. IMPORTANT INFORMATION ABOUT PROCEDURES FOR A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record 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 ask to see your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of Bridge Credit Union. NOTICE TO ALL OHIO RESIDENTS: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE EQUALLY AVAILABLE TO ALL CREDIT-WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS ACT. I certify that all information submitted is true and complete. I/we authorize the credit union to gather any credit, checking account and employment information deemed appropriate from time to time. TIN CERTIFICATION BACKUP WITHHOLDING INFORMATION: Instruction - Cross through any statement that does not apply. Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Social Security Number (SSN) or Taxpayer Identification Number (TIN); 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 IRS that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRA has notified me that I am no longer subject to backup withholding;; 3. I am a U.S. citizen.

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

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

**Authorizations (Signatures Required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contact arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

First Name, Middle Initial, Last Name		
SSN		Date of Birth
Driver's License #		State Issued & Expiration Date:
Phone Number		Email
Address		
City	State	Zip
Title: <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:		Ownership %:

First Name, Middle Initial, Last Name		
SSN		Date of Birth
Driver's License #		State Issued & Expiration Date:
Phone Number		Email
Address		
City	State	Zip
Title: <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:		Ownership %:

I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

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