Chicago Municipal Employees Credit Union
18 S Michigan Ave Ste 1000
Chicago, IL 60603

LOANLINER®

☐ NEW ☐ UPDATE DATE: _____

Business Account Card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

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 or business that opens an account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.
We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

	Suffix*		Suffix*
☐ Share/Savings:	_____	☐ Money Market:	_____
☐ Share Draft/Checking:	_____	☐ Other:	_____
☐ Share Certificate/Certificate:	_____	☐ Other:	_____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

☐ Overdraft Protection (Indicate transfer priority below.):
_____
☐ PC Access/Internet Banking
☐ Audio Response

☐ ATM Card: _____
☐ Debit Card: _____
☐ Other: _____

MEMBER/ACCOUNT OWNER INFORMATION

NAME	MEMBER/ACCOUNT NUMBER	OTHER TRADE OR D/B/A NAMES

☐ C Corporation
☐ S Corporation
☐ Sole Proprietorship

☐ LLC (Limited Liability Company)
Select Tax Classification:
☐ C = C Corporation
☐ S = S Corporation
☐ P = Partnership

☐ Partnership:
☐ General
☐ Limited
☐ Limited Liability

☐ Unincorporated Organization
☐ Association/Club
☐ Trust/Estate
☐ Other: _____

ACCOUNT INFORMATION

STATE ORGANIZED		EIN/TIN	
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED
MAILING ADDRESS			
PHYSICAL ADDRESS			
BUSINESS PHONE	OTHER PHONE	WEB SITE ADDRESS/EMAIL	
VERIFICATION (MEMBERSHIP ELIGIBILITY/IDENTITY)	NATURE OF BUSINESS		

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT		POSITION	SSN/TIN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

PRINCIPAL/CONTACT INFORMATION

PRINCIPAL CONTACT		POSITION	SSN/TIN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE	EXPIRATION DATE
HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

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HOME ADDRESS			
HOME PHONE	CELL PHONE	BUSINESS PHONE	BIRTHDATE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

(1) The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and

(2) The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and

(3) The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

Certification Instructions. Cross out item **2** above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Cross out item **3** and complete the appropriate W-8 form if the Account Owner is not a U.S. person.

AUTHORIZATION FOR NEW MEMBERSHIP

____ Signature(s) of an authorized person is/are required to transact business. (The signature of only one (1) authorized signer is required if the foregoing blank is not completed.)

On behalf of the Account Owner, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

X	X
SIGNATURE DATE	SIGNATURE DATE
TITLE:	TITLE:
X	X
SIGNATURE DATE	SIGNATURE DATE
TITLE:	TITLE:

AUTHORIZATION FOR MEMBERSHIP UPDATES

On behalf of the Account Owner, the undersigned agree(s) that the changes noted herein amend the previously signed Business Account Card. The undersigned also acknowledge(s) receipt of an agreement to the Funds Availability Policy Disclosure and other disclosures, as applicable, for accounts and services requested above.

X	X
SIGNATURE DATE	SIGNATURE DATE
TITLE:	TITLE:
X	X
SIGNATURE DATE	SIGNATURE DATE
TITLE:	TITLE:

FOR CREDIT UNION USE ONLY

EFFECTIVE DATE	OPENED/APPROVED BY	MEMBERSHIP VERIFICATION

ENTITY FORMATION DOCUMENTS REVIEWED BY

COPIES OBTAINED:

☐ CORPORATE RESOLUTION ☐ PARTNERSHIP AGREEMENT ☐ BYLAWS OR CODE OF REGULATIONS

☐ CREDIT REPORT ☐ FINANCIAL STATEMENTS ☐ OTHER:

GOVERNMENT LIST(S) CHECKED: ☐ TREASURY CIP LIST ☐ OFAC ☐ OTHER:

LIST VERIFICATION COMPLETION DATE BY

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