



Welcome!

Thank you for choosing Crane Credit Union for your business needs. We are confident that you will be very satisfied with the services that we offer and appreciate your consideration.

Convenient business services offered by Crane Credit Union include:

Savings	Checking*	Overdraft Protection	Overdraft Transfer
Share Certificates	Money Market	Web Access	Bill Pay
Mobile Access	Audio Access	E-Statements	Visa® Debit Cards
Equipment Loans	Real Estate Loans	Operating Lines	Visa® Credit Cards

Included in this packet is a checklist of items needed to proceed with your new account opening. Once you have gathered the required documentation, please visit the Crane Credit Union branch most convenient to you. At that time, a member service representative will forward your information to a Business Account Specialist who will be in contact with you within two business days. The specialist will be glad to assist you with opening your account and establishing your financial relationship with Crane.

For eligibility requirements visit our website:  
[Become a Member – Crane Credit Union \(cranecu.org\)](http://cranecu.org)

As your needs change, we will be happy to help you evaluate those needs and offer you the services that will help you achieve your new goals. Again, thank you for choosing Crane Credit Union.

Sincerely,

Crane Credit Union

## Documentation Checklist for Corporation Accounts

### Eligibility

All owners must be eligible for membership with Crane Credit Union, but do not have to be members; or the business can be an existing Crane Credit Union Select Employee Group (SEG)

### WHAT WE NEED TO OPEN YOUR BUSINESS ACCOUNT:

- Employer Identification Number (EIN)
- License for Auto Dealers / Growers / Animal Sales / Ammo|Gun|Firework Dealers (if applicable)
- If you receive Federal, State, or Municipals public funds (tax dollars) provide minutes authorizing account opening and signers at Crane Credit Union.
- Completed Document Checklist (this document, pg. 2)
- New Account Service Checklist (document provided in packet, pg. 3)
- Business Account Information Worksheet (document provided in packet, pg. 4)
- Certificate of Beneficial Owner(s) (document provided in packet, pg. 5)
- Business Account Opening Questionnaire (document provided in packet, pg. 6)
- What You Need to Know about Overdrafts (document provided in packet, pg. 7)
- Copy of Driver's License for each Individual name listed on the Business Account worksheet(pg4) and/or Certificate of Beneficial Owner(s) (pg5). \* For Non-U.S. Persons: An Individual Due Diligence and Passport is required along with a State Issued ID, Alien Identification Card, or number and county of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph.

### CRANE CREDIT UNION USE ONLY:

Rcvd by: \_\_\_\_\_ Teller# \_\_\_\_\_ Branch: \_\_\_\_\_

Date Rcvd: \_\_\_\_\_ Date/Time Forwarded: \_\_\_\_\_

Please forward all documents to [business@cranecu.org](mailto:business@cranecu.org)

### BUSINESS SERVICES USE ONLY:

#### Secretary of State Website:

- Articles of Incorporation                       Certificate of Incorporation
- Up to date Business Entity Report    Certificate of Assumed Business Name (if applicable)

#### Other documents to complete:

- Business Membership Application & Agreement                       Business Resolution

## New Account Services Checklist for Business Accounts

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Name

### Checking Account: (Select one)

- Business Basic – For businesses with lower transaction volume.
- No minimum balance requirement
  - No monthly service fees
  - No per item deposit fee
  - No dividends paid
  - Check clearing fees \$0.15 per item after 75 checks per month
- Business Plus – For businesses with higher transactions volume and balances
- Minimum balance of \$1,000.00
  - No Monthly service fee if minimum balance is maintained
  - Monthly service fee of \$7.50 charged if balance goes below \$1,000.00 anytime during the month
  - Check clearing fees \$0.10 per item after 100 checks per month
  - Deposit fees \$0.10 per deposited check after 300 per month
  - Monthly dividends paid
- I **DO NOT** wish to open a checking account at this time.

### ATM/Debit Card:

- I choose not to apply for an ATM or Visa Debit Card at this time.
- I would like to apply for an ATM card at this time (savings account only)
- I would like to apply for a Visa Debit Card at this time.

### Overdraft transfer from Prime Savings \*

- I agree to have funds transferred from the business prime savings to cover debits on the business checking account, provided there are enough available funds in the business prime savings.
- I choose to decline overdraft transfer from the business prime savings at this time.
- N/A (savings account only)

### Audio & Internet Access

I understand that this account will be available through Crane CU's Audio system by calling (800)692-3274 and Crane CU online Banking. I understand that I will need to register my business account via Crane CU website [www.cranecu.org](http://www.cranecu.org).

\_\_\_\_\_  
Owner / Authorized Signature

\_\_\_\_\_  
Date

*\*This does not constitute an application for an overdraft line of credit or any overdraft privilege services.*

## Business Account Information Worksheet

Business Name:		
Business Physical Address:		
Business Mailing Address (if different than above):		
Business Telephone Number:	Business Fax Number:	Business E-mail Address:
Employer Identification Number (EIN):	Number of Employees:	Years Established:

### Business Owners/Authorized Signers that are able to transact on the account:

<b>Please select one: <input type="checkbox"/> Business Owner <input type="checkbox"/> Authorized Signer</b>				
First Name:	M. I.	Last Name:	Suffix:	Title:
Address:				
Home Telephone:	Mobile Telephone:	E-mail Address:		
Birth Date:	Social Security Number:	Driver's License Number/State/Issue and Exp Date:		
Employer:	Job Description:	Mother's Maiden Name		
<b>Please select one: <input type="checkbox"/> Business Owner <input type="checkbox"/> Authorized Signer</b>				
First Name:	M. I.	Last Name:	Suffix:	Title:
Address:				
Home Telephone:	Mobile Telephone:	E-mail Address:		
Birth Date:	Social Security Number:	Driver's License Number/State/Issue and Exp Date:		
Employer:	Job Description:	Mother's Maiden Name		
<b>Please select one: <input type="checkbox"/> Business Owner <input type="checkbox"/> Authorized Signer</b>				
First Name:	M. I.	Last Name:	Suffix:	Title:
Address:				
Home Telephone:	Mobile Telephone:	E-mail Address:		
Birth Date:	Social Security Number:	Driver's License Number/State/Issue and Exp Date:		
Employer:	Job Description:	Mother's Maiden Name		

**Certification of Beneficial Owner(s)**

**All persons opening/altering an account on behalf of a legal entity must provide the following information:**

1. Name and Title of Person Completing form: \_\_\_\_\_
2. Business Full Legal Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_
3. Is this a Non-Profit Corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes skip to question 6)
4. Does any 1 Person own 25% or more of the business listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No (If No skip to question 6)
5. **Ownership Individual(s)** (complete the following information for **each** individual who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the above listed business.) Copy of Driver's License is required for all.

**Note: In lieu of a Driver's license, Non- U.S. persons may also provide a photo copy of Passport, an Alien Identification Card, or number and county of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph.**

**If no individual meets this definition, specify "Not Applicable."**

Name	Address	Social Security Number or Tax Identification Number	Date of Birth	% of Ownership

6. **Controlling Person** (complete the following information for **one** individual with significant responsibility for managing the above listed business, for example, an executive officer (CEO, CFO, and COO), senior manager, director, controller, or any other individual who regularly performs similar functions.)

**(If appropriate, an individual listed under section (5) above may also be listed in this section (6)).**

Name	Title	Address	Social Security Number or Tax Identification Number	Date of Birth

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

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

Internal Use: Crane CU employee \_\_\_\_\_ Teller# \_\_\_\_\_ Date: \_\_\_\_\_

## BUSINESS ACCOUNT OPENING QUESTIONNAIRE

ACCOUNT # \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NAME OF OWNERS: \_\_\_\_\_

- Are all Owners / Signers born in the US? If NO; individual MDD(s) are required  Yes or  No
- Are you or any of your employees or associates connected to any government including the US? If Yes, please explain. \_\_\_\_\_  Yes or  No

**Please answer the following questions as detailed as possible.**

- 1) What is the nature of your business?  
\_\_\_\_\_
- 2) What type of products and/or services do you provide?  
\_\_\_\_\_
- 3) What will this account be used for: IE: loan only; daily operations  
\_\_\_\_\_
- 4) Do you have customers or vendors outside of the US? If yes, please list Countries  Yes or  No  
\_\_\_\_\_
- 5) Does your business place, receive or otherwise knowingly transmit any bets or wagers via the Internet?  Yes or  No
- 6) Does your Business manufacture, distribute, or dispense marijuana?  Yes or  No
- 7) Does your Business manufacture, distribute, or dispense "Smokable Hemp"?  Yes or  No
- 8) Do you have accounts at other financial institutions? If so, where are they located? \_\_\_\_\_  Yes or  No
- 9) Do you cash checks for your customers? IE: payroll checks, personal checks  Yes or  No
- 10) Do you administer or exchange Virtual and/or Foreign currency for customers?  Yes or  No
- 11) Do you sell money orders or other money instruments such as store value cards?  Yes or  No  
*If YES, to any Q9-11 complete MSB Questionnaire.  Received*
- 12) Does your Business require any additional State/Federal Licensing?  Yes or  No  
*If YES, complete Licensing Questionnaire.  Received*
- 13) Do you own and/or have an ATM on your property?  Yes or  No  
*If YES, complete ATM checklist.  Received*
- 14) **WHAT IS YOUR EXPECTED MONTHLY BEHAVIOR?** Input N/A in each section not applicable

<b>a. Cash Transactions</b> What are the expected cash totals you handle monthly? Select ATM if plan to use.	<u>DEPOSIT</u> \$ _____	<u>WITHDRAW</u> \$ _____	<u>ATM</u> <input type="checkbox"/>
<b>b. Check Transactions</b> What are the expected check totals you handle monthly? Select RDC (Remote Deposit Capture) and/or ATM if plan to use	<u>DEPOSIT</u> \$ _____	<u>WITHDRAW</u> \$ _____	<u>RDC   ATM</u> <input type="checkbox"/>   <input type="checkbox"/>
<b>c. Wire Transfers</b> What is the expected dollar amount you will handle monthly?	<u>RECEIVE</u> \$ _____	<u>SEND</u> \$ _____	
<b>d. Non-Wire Electronic Transfers</b> What is the expected dollar amount you will be sending and/or receiving via ACH	<u>RECEIVE</u> \$ _____	<u>SEND</u> \$ _____	

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

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

## What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your checking account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We do have standard overdraft practices that come with your account.
2. We offer overdraft protection plans, such as a link to a share/savings account or overdraft line-of-credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

### What are the standard overdraft practices that come with my account?

We do not authorize and pay overdrafts for the following type of transactions:

- ATM transactions

In addition, we do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- Everyday debit card transactions
- Checks and other transactions made using your checking account number, including ACH items
- Automatic bill payments

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined. See enclosed Discretionary Overdraft Privilege Policy.

### What fees will I be charged if Crane Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$30 each time we pay an overdraft.
- There is a \$150 per day limit on the total fees we can charge you for overdrawing your account.

### What if I want Crane Credit Union to authorize and pay overdrafts using its discretionary overdraft protection plan?

If you want us to authorize and pay overdrafts on your checks, electronic fund transfers (EFT, ACH), automatic bill payments and/or everyday debit card transactions, please select one of the options below: complete, sign and date the form and present it at a branch or mail it to: Attn: ODP Dept., 1 West Gate Drive, Odon, IN 47562

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If there are multiple owners on the account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

- I want the Credit Union to authorize and pay overdrafts on my checks, electronic fund transfers (EFT, ACH), automatic bill payments and everyday debit card transactions.\* **OR**
- I want the Credit Union to authorize and pay overdrafts **only** on my checks and electronic fund transfers (EFT, ACH) and automatic bill payments. \* **OR**
- I do not want Crane Credit Union to authorize and pay overdrafts on my checks, electronic fund transfers (EFT, ACH), automatic bill payments and everyday debit card transactions.

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Printed Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

***\*I have the right to revoke this coverage at any time by contacting the Credit Union in writing.***