

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)

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 Unincorporated Organization/Association Accounts

<u>Eligibility</u>

All past, present and future officers and authorized signers 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)
- □ Copy of meeting minutes signed by the secretary authorizing the account to be opened and listing current officers and authorized signers for the account.
- □ If this is a unit account for the military, provide letter/memo from unit commander listing current officers and authorized signers for the account.
- □ 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

BUSINESS SERVICES USE ONLY:

Other documents to complete:

Business Membership Application & Agreement

Business Resolution

Rev 1/23

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

 \Box 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

D 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 <u>www.cranecu.org</u>.

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 t	han above):			
Business Telephone Number:	Business Fax Numl	per:	Business	s E-mail Address:
Employer Identification Number (EIN):		Number of Employ	vees:	Years Established:

	Business	Own	ers/Authorized Sig	gners that ar	e able to	transact on t	he account:	
		Plea	ase select one: 🗆 Bu	isiness Own	er 🗆 Autl	norized Signe	r	
First Name:	M. I.	L	ast Name:		Suffix: Title:			
Address:						1		
Home Telephone:	M	obile	Telephone:	E-mail Ad	dress:			
Birth Date:	So	cial S	Security Number:	Driver's L	icense Nui	mber/State/Issu	ie and Exp Date:	
Employer:			Job Description:		Mot	her's Maiden Na	me	
		Plea	ase select one: 🗆 Bu	siness Own	er 🗆 Autl	norized Signe	r	
First Name:	M. I.	L	ast Name:		Suffix:	Title:		
Address:								
Home Telephone:	M	ahila	Telephone:	E-mail Ad	draga			
nome relephone:	IVI	oblie	Telephone:	E-mail Au	uless:			
Birth Date:	So	cial S	ecurity Number:	Driver's L	icense Nui	mber/State/Issu	ie and Exp Date:	
Employer:			Job Description:		Mot	her's Maiden Na	me	
		Plea	ase select one: □Bu	siness Own	er 🗆 Autl	norized Signe	r	
First Name:	M. I.	L	ast Name:	Suffix:		Title:		
Address:								
Home Telephone:	M	obile	Telephone:	E-mail Ad	dress:			
Birth Date:	So	cial S	ecurity Number:	Driver's License Number/State/Issue and Exp Date:				
Employer:			Job Description:		Mot	her's Maiden Na	me	
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Rev 1/23

Certification of Beneficial Owner(s)

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

- 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 <u>each</u> 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 <u>one</u> 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

ACCOL	JNT # DATE:			
NAME	OF BUSINESS:			
	OF OWNERS:			
•	Are all Owners / Signers born in the US? If NO; individual MDD(Are you or any of your employees or associates connected to ar	, .		Yes or ❑ No Yes or ❑ No
•	including the US? If Yes, please explain.			
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	3	· · · · · · · · · · · · · · · · · · ·	
4)	Do you have customers or vendors outside of the US? If yes, ple	ease list Cou	intries	Yes or 🗅 No
5)	Does your business place, receive or otherwise knowingly transpression wagers via the Internet?	mit any bets	or 🗆	I Yes or 🗅 No
6)	Does your Business manufacture, distribute, or dispense marijua	ana?		I Yes or 🗅 No
7)	Does your Business manufacture, distribute, or dispense "Smok	able Hemp"	? 🗆	I Yes or 🗅 No
8)	Do you have accounts at other financial institutions? If so, where located?	e are they		I Yes or ❑ No
9)	Do you cash checks for your customers? IE: payroll checks, personal What is average dollar amt of 3rd party checks cashed per custo			I Yes or ❑ No
10)	Do you administer or exchange Virtual and/or Foreign currency		s? 🗆	Yes or 🗆 No
11)	Do you sell money orders or other money instruments such as s gift certificates excluded	tore value ca	ards?	Yes or 🗅 No
12)	Do you own and/or have an ATM on your property?			I Yes or 🗅 No
	If YES, complete ATM checklist.			Received
13)	WHAT IS YOUR EXPECTED MONTHLY BEHAVIOR? Input N/A	in each sectio	n not applicable	
	sh Transactions	DEPOSIT	WITHDRAW	ATM
What a	re the expected cash totals you handle monthly? Select ATM if plan to use.	\$	\$	
b. Ch	eck Transactions	DEPOSIT	WITHDRAW	RDC ATM

Rev 1/23

SEND

SEND

\$

\$

\$

\$

\$

\$

RECEIVE

RECEIVE

What are the expected check totals you handle monthly? Select RDC (Remote Deposit Capture) and/or ATM if plan to use

What is the expected dollar amount you will be sending and/or receiving via ACH

Signature: _____

What is the expected dollar amount you will handle monthly?

d. Non-Wire Electronic Transfers

c. Wire Transfers

What You Need to Know about Overdrafts and Overdraft Fees

An <u>overdraft</u> 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 <u>overdraft protection plans</u>, 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 <u>do not guarantee</u> that we will always authorize and pay any type of transaction. If we do <u>not</u> 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

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 <u>only</u> 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.

Printed Name:	Member Number:	
Marchan O'ana hara	Dute	
Member Signature:	Date:	

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