



Welcome!

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

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 consultant who will be in contact with you within two business days. Your consultant will be glad to assist you in opening your account and establishing your financial relationship with Crane.

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

Limited Liability Company(LLC) Account Information

ELIGIBILITY

All owners must be eligible for membership with Crane CU, but do not have to be members, or the business can be an existing Crane CU Select Employee Group (SEG). For eligibility requirements please visit our website: <https://www.cranecu.org/membership/become-a-member/>

BUSINESS SERVICES OFFERED, please indicate what services you are interested in

- | | | | |
|----------------------------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Checking* | <input type="checkbox"/> Money Market | <input type="checkbox"/> Visa® Debit Card |
| Bill Pay | Web & Audio Access | E-Statements | Share Certificates |
| Equipment Loans | Real Estate Loans | Operating Lines | Visa® Credit Card |

***CHECKING ACCOUNT TYPES, please indicate which checking account you prefer**

- Business Basic**-For businesses with lower transaction volume.
- No minimum balance requirement.
 - No monthly service fees.
 - No per item deposit fees
 - Check clearing fees \$0.15 per item after 75 checks per month
 - No dividends paid
- Business Plus**- For businesses with a higher transaction 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 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

PLEASE REFER TO THE NEXT PAGE FOR DOCUMENTATION REQUIREMENTS.

Documentation Checklist for LLC Accounts

WHAT WE NEED TO OPEN YOUR BUSINESS ACCOUNT:

- Completed Document Checklist (*this document*)
- Employer Identification Number (*EIN if applicable*)
- Operating Agreement (*if available*)
- Copy of Certificate of Assumed Business Name (*only if not registered with the state and doing business under a different name than the Operating Agreement*)
- Business Account Information Worksheet (*document provided in packet, pg. 4*)
- Certification of Beneficial Owners (*document provided in packet, pg. 5*)
- Business Account Opening Questionnaire (*document provided in packet, pg. 6*)
- What You Need to Know About Overdraft (*document provided in packet, pg. 7*)
- Copy of Driver's License for each owner or authorized signer*
*For Non-U.S. Persons: Passport, Alien Identification Card, or number and county of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph.

Q1. Are you doing business under a different name than stated in the Articles of Organization? Y N
If yes, to the question above, you will need to obtain a Certificate of Assumed Business Name with the Secretary of State, or County Recorder in the county in which the business is operating.

Q2. As part of your operational budget, do you receive public funds (federal, state, or municipal)? Y N

CRANE CREDIT UNION USE ONLY:

Rcvd by: _____ Branch: _____

Date Rvcd: _____ Date/Time Forwarded: _____

Please forward all documents to the Compliance Department

COMPLIANCE USE ONLY:

Printed from the Secretary of State Website (may not be required):

- Articles of Organization
- Certificate of Assumed Business name*
**If doing business under a different name than the Partnership Agreement*
- Up to date Business Entity Report
- Certificate of Organization

Other documents to complete:

- Business Membership Application & Agreement
- Business Resolution

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:

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

Certification of Beneficial Owner(s)

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

1. Name and Title of Person Opening Account: _____
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, ex. 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 opening account) 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 _____

Please answer the following questions as detailed as possible.

- 1) What is the nature of your business?

- 2) What types of products and/or services do you provide?

- 3) What will this account be used for?

- 4) Does your business place, receive or otherwise knowingly transmit any bets or wagers via the Internet? **YES or NO**
- 5) Does your Business manufacture, distribute, or dispense marijuana? **YES or NO**
- 6) Does your Business manufacture, distribute, or dispense "Smokable Hemp"? **YES or NO**
- 7) Do you have accounts at other financial institutions? **YES or NO**
a. Where are they located? _____
- 8) Do you cash checks for customers? **YES or NO**
a. What is the average amount of checks cashed? _____
- 9) Do you exchange currency for customers? **YES or NO**
- 10) Do you sell money orders or other money instruments such as stored value cards? **YES or NO**
- 11) Do you have an ATM on your property? **YES or NO**
a. If YES, complete ATM Checklist. Received
- 12) Which services will you be using?

* a. Deposits <input type="checkbox"/> No <input type="checkbox"/> Yes▶ <i>Approximately how much cash/checks do you expect to deposit each month?</i>	Amount in Cash	Amount in Checks
* b. Withdrawals <input type="checkbox"/> No <input type="checkbox"/> Yes▶ <i>Approximately how much cash/checks do you expect to withdrawal each month?</i>	Amount in Cash	Amount in Checks
* c. Wire Transfers <input type="checkbox"/> No <input type="checkbox"/> Yes▶ <i>What is the expected monthly wire transactions that you expect to send or receive?</i>	Outgoing Wire Amount	Incoming Wire Amount
* d. Non-Wire Electronic Transfers <input type="checkbox"/> No <input type="checkbox"/> Yes▶ <i>What is the expected monthly ACH transfers that you expect to send or receive?</i>	Outgoing Elect. Transfer Amount	Incoming Elect. Transfer Amount

- 13) Do you have customers or vendors outside the U.S.? **YES or NO**
- 14) Are you or any of your employees or associates connected to the government of a country other than the U.S.? If yes, please explain. **YES or NO**
- 15) Are all owners US Citizens? **YES or NO**

Signature _____

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when the available balance in your checking account is insufficient 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 \$125 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 **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.

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.***