

» BUSINESS ACCOUNT CHECKLIST

MEMBER INFORMATION

Business Name:

Business Purpose:

Business Address:

Authorized Signers:

Tax ID:

SIC Code:

<http://www.sec.gov/info/edgar/siccodes.htm>

ALL BUSINESS MEMBERSHIP ACCOUNTS WILL REQUIRE THE FOLLOWING:

1. Valid government issued ID with photo and current physical address for all individuals authorized to transact business on behalf of the company and/or all authorized signers on the account.
2. Business entity MUST be located in Clackamas County.
3. Social Security Numbers for all individuals authorized to transact business on behalf of the company and/or all authorized signers on the account.
4. Employer Identification # (EIN) or tax ID # registered to business. (Sole Proprietorships and single member LLC may choose to use the owner's SSN).

BASED ON YOUR BUSINESS TYPE, THE FOLLOWING INFORMATION WILL BE REQUIRED IN ADDITION TO THE ABOVE:

SOLE PROPRIETOR:

1. Must have an ACTIVE status name with the Oregon Secretary of State. (Note: this is not required if the Business Name contains the real and true name of the proprietor, both first and last name).

GENERAL AND LIMITED PARTNERSHIPS:

1. Need copy of the Partnership Agreement showing the business name and name of all partners. The copy must be signed.
2. Partnership must have an ACTIVE status with the Oregon Secretary of State.
3. Copy of Letter from IRS with the Partnerships Tax ID Number.

CORPORATIONS:

1. Corporation must have an ACTIVE status with the Oregon Secretary of State.
2. Need copy of the Articles of Incorporation or Certificate of Incorporation.
3. Need copy of Corporate Resolution identifying authorized signers if officer names are not listed on Articles of Incorporation or Certificate of Incorporation.
4. Copy of the IRS ruling letter under IRC 501C, if the corporation is a non-profit.
5. Copy of Letter from IRS with Corporations Tax ID Number.

LIMITED LIABILITY COMPANY:

1. Company must have an ACTIVE status with the Oregon Secretary of State.
2. Copy of the Articles of Organization or Operating Agreement. (If the Articles of Organization does not list the member/managers an Operating Agreement will be required).
3. Copy of Letter from IRS with the Limited Liability Tax ID Number. (Unless Social Security Number is used)

BUSINESS ACCOUNT QUESTIONNAIRE

What type of product or service are you providing?

BUSINESS ACCOUNT QUESTIONNAIRE CONTINUED

What form or legal entity is your business? (LLC, Corporation, Sole Proprietor, etc.)	How long have you been in business?	
How many locations?	How many employees?	
Who are the owner(s) of your business? (List names below)		
What is the purpose and intended nature of the account?		
Cash Volume - Should we expect large and/or frequent cash in or out? If yes, frequency?	YES	NO
Will you be doing any wire transfers? If yes, what dollar amount on average and how often do you anticipate needing to wire transfer funds?	YES	NO
Will you be doing any International wire transfers? If yes, how many and how often do you anticipate needing to wire transfer funds internationally? <i>*We offer this on a limited basis with prior approval.</i>	YES	NO
Check Volume - How many checks will you be writing per month, on average?		
How many check deposits will you be making per month, on average?		
Money Service Business - Will you be cashing checks or providing money transfers for others as part of your business service? STOP - If Yes, the credit union will not open an account for a Money Service Business.	YES	NO
Marijuana Related Business – Does your business relate to the manufacture, distribution or dispensing of marijuana? STOP - If Yes, the credit union will not open an account for a Marijuana Related Business.	YES	NO
Will you be providing gaming or gambling services to others as part of your business services?	YES	NO
Will you be providing internet transaction activity as part of your business services?	YES	NO
Will you be engaging in online sales as part of your business services?	YES	NO
ACH Activity - Will you have more than occasional ACH activity?	YES	NO
Do you or will you be accepting credit or debit cards?	YES	NO
Do you have need for Night Deposit Service?	YES	NO
Do you need Online Banking and/or Bill Pay products?	YES	NO
Do you need a Business Debit Card?	YES	NO
Do you have the need for Currency and /or Coin Orders?	YES	NO
Do you need a Business Credit Card?	YES	NO
Please provide your website address:		
Do you have Business Lending Needs? (if yes describe below)	YES	NO
Signature: _____ Date: _____		