



Business Membership Questionnaire

Required Documentation:

- ✓ Proof of Federal Tax ID
- ✓ Certificate of Existence with the Secretary of State (if applicable)
- ✓ Articles of Incorporation (if applicable)
- ✓ Copy of Driver's License of each Authorized Signer
- ✓ Copy of 2nd Form of Acceptable ID for each Authorized Signer

Business Name: _____

Does the business have an assumed name (DBA): _____

Federal Tax ID: _____

Member may call the IRS to request a Federal Tax ID # at 1-800-829-4933

Tax Classification:

- Sole Proprietor/Single-Member LLC
 S-Corporation
 C-Corporation
 Partnership
 Limited Liability Company with Tax Code S C or P
 Other: _____

Date Business Established: _____ **How many business owners:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact: _____

Business Phone: _____

Business E-mail: _____

Authorized Signer(s) Information:

Name & Title: _____ Percentage of Ownership: _____

Address: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Mother's Maiden Name: _____ Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____

Address: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Mother's Maiden Name: _____ Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____
 Address: _____
 Phone Number: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____
 Address: _____
 Phone Number: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____
 Address: _____
 Phone Number: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____
 Address: _____
 Phone Number: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____

Name & Title: _____ Percentage of Ownership: _____
 Address: _____
 Phone Number: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____

Business Accounts Offered:

- **Business Membership Savings (required)**
- **Business Money Market Savings**
- **Business Checking**
 - **Free Business Checking**
 - **Business Checking**
 - **Business Checking with Dividends**

Additional Services:

- **Free Online Banking**
- **Cash Management Online Banking**
- **Business Debit Card(s)**
- **Checks, Deposit Slips, Endorsement Stamps**
- **Business MasterCard(s)**
- **Overdraft Line(s) of Credit**