



**MEMBERSHIP ELIGIBILITY**

• All primary business owners must be individually eligible for Ohio Catholic Federal Credit Union (Ohio Catholic) membership for the business to be eligible. The principal owners of the business must be listed on the business's proof of existence.

- Commercial Business (Catholic Owned)
- Catholic Organization
- Member of Ohio Catholic Foundation

A \$5 (minimum) Share Savings must be established for membership of a business entity.

**NOTE:** Ohio Catholic reserves the right to deny or restrict membership and/or products to business entities classified as "high-risk" in accordance with the Bank Secrecy Act (BSA). This may include, but not limited to:

- Financial, investment, or credit service providers (including money service businesses and tax preparation services)
- Gambling
- IP infringement, regulated, or illegal products
- Unfair, predatory, or deceptive practices
- Other high-risk products or services (travel agencies or other travel related services, membership clubs, and multi-level marketing programs)

**NOTE:** Ohio Catholic periodically scans all business members and associated accounts. If prohibited high-risk deposit or unsatisfactory account handling transactions are detected, Ohio Catholic will review the account for immediate account restriction and/or closure.

**HOW TO ESTABLISH MEMBERSHIP**

- Visit a regional branch and open your account with a Business Services Representative.
- Email: [BusinessServices@OhioCatholicFCU.com](mailto:BusinessServices@OhioCatholicFCU.com)
- Submit online at <https://ohiocatholicfcu.com/business-solutions/business-products-and-services/>
- Call (216) 663-6800 or toll free 1-888-696-4462 and ask for Business Services
- Fax completed form to (440) 744-0838

**CREDIT UNION LOCATIONS**

Akron Branch 2720 South Arlington Rd. Akron, OH 44312	Garfield Heights Branch 13623 Rockside Road Garfield Heights, OH 44125	Macedonia Branch 8600 Alexandria Drive Macedonia, OH 44056	North Royalton Branch 5600 Wallings Road North Royalton, OH 44133
---	--	--	---

**TYPE OF BUSINESS - Legal Structure of Business**

Check the appropriate box(es)

- Catholic Organization located in Ohio including dioceses, parishes, schools, services, ministries, organizations, or entities
- 501(c)(3) Non-Profit Organization
- Sole Proprietorship
- Partnership
- Corporation
- Single-Member Limited Liability Corporation
- Multi-Member Limited Liability Corporation
- Club or Social Organization

**REQUIRED BUSINESS DOCUMENTATION (additional documentation may be required)**

- Authority to Obtain Financial Institution Services
- Articles of Incorporation, Articles of Membership, or Partnership Agreement
- Certification of Beneficial Owners
- IRS EIN Letter
- Fictitious Name Certificate or Certificate of Assumed Name - If Doing Business As (DBA)
- State of Ohio Certificate of Good Standing

**ACCOUNT PURPOSE**

Purpose/type of transactions for which your account will be used:

- Yes  No Operating/General Purpose
- Yes  No Do you anticipate sending or receiving wire transfers?
- Yes  No Escrow Management
- Yes  No Savings/Investment
- Yes  No Will you have automatic debit/deposits to this account?

Estimated number of monthly deposits: \_\_\_\_\_ Estimated amount deposited: \_\_\_\_\_

- Do you intend to act as a Money Service Business or service the Marijuana Industry?  Yes  No
- Will this account be used as a payroll account?  Yes  No
- Will account be used to house your client funds in order for you to distribute?  Yes  No
- Are you a professional service provider? (Attorney, doctor, accountant, realtor, investment broker, or any other third party that acts as a financial liaison for your client.)  Yes  No

How many people will have deposit and withdrawal authority on the account? \_\_\_\_\_ Are you registered with the Secretary of State in Ohio?  Yes  No

Will any financial transactions affecting this account originate or have a destination outside the U.S.?  Yes  No

If yes, explain:

Description of Business (Describe the nature of your business including actual goods sold or services provided.):

## BUSINESS PRODUCTS AND SERVICES REQUESTED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Business Savings<br>Includes Share Savings, Money Market, or Certificates  | <input type="checkbox"/> Business Services<br>Includes ACH Direct Deposits, Online Banking, Bill Pay, Wire Transfers, Automatic Funds Transfer, Night Depository Drop, Overdraft Protection, & Notary Services |
| <input type="checkbox"/> Business Debit Card       | <input type="checkbox"/> Remote Deposit Capture   | <input type="checkbox"/> eStatements   |
| <input type="checkbox"/> Merchant Services         | <input type="checkbox"/> Members Serving Members<br>(This is free advertising on the OCFCU website. Information shared would include business name, address*, phone number, website*, and business description. *If Applicable) |  |

## BUSINESS CREDIT PRODUCTS REQUESTED

Product	Amount Requested	Collateral Offered	Proceeds to be Used For
Business Credit Card*	_____	_____	_____
Line of Credit	_____	_____	_____
Term Loan	_____	_____	_____

\*See Disclosures on OhioCatholicFCU.com

## FINANCIAL STATEMENTS REQUIRED TO OBTAIN CREDIT

### Financial Information Requirements (If requesting Credit, Merchant Services, or other Financial Services):

#### General Business Financial Information needed for all loans (For each borrower):

- Three (3) most recent Year End Complete Business Tax Returns including all Schedules and K-1s.
- Three (3) most recent Year End Complete Company Financial Statements including Balance Sheet, Income Statement, and any accounts opinion letters, footnotes, and schedules.
- Most Recent Year to Date Month End Interim Financial Statement (Balance Sheet and Income Statements).

#### General Individual Financial Information needed for all loans (For each borrower or personal cosignor):

- Three (3) most recent Year End complete Personal Tax Returns (Including all Schedules, W2's, and K-1s).
- Recent Personal Financial Statements (less than six months old).
- Copy of Valid Government-Issued ID

Depending on the loan request, collateral or services requested, additional information may be requested.

## BUSINESS INFORMATION

Current Business Member?  Yes  No

Name of Business		DBA Name (If Applicable)			
SSN / Business Tax ID No. <small>(TIN must be obtained to open account, even if TIN has been applied for but not yet received)</small>	State Charter Number(s)	Charter Date(s)		Expiration Date	
Physical Address of Business: Street	City	State	Zip Code	Years at Address	Own/Rent?
Previous Address <small>(If less than two years at current address)</small>	City	State	Zip Code		
Mailing Address: Street <small>(If Different Than Above)</small>	City	State	Zip Code		
Business Phone Number	Alternative Phone Number		Email Address		
Website Address	Estimated Annual Sales/Revenue		What Percentage of Sales are Internet Sales?		
Primary Trade Area (Check all that apply) <input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input type="checkbox"/> Domestic U.S. <input type="checkbox"/> International				Total Business Assets	
Business Net Worth	How Many Employees Do You Have?		How Many New Jobs Will Be Created in the Next 12 Months?		

## PRIMARY BUSINESS CONTACTS AND REFERENCES

Please include Accountants, Attorneys, Insurance Agents, Preferred Title Company, Consultants, Centers of Influences, etc.

Reference Types	Contact Name	Company Name	Phone	Email
Accountant	_____	_____	_____	_____
Insurance Agent	_____	_____	_____	_____
Attorney	_____	_____	_____	_____

\*For Credit Union Use Only

_____	_____	_____
Business/Organization Name	Membership Officer	Date

## AUTHORIZED SIGNERS

Please check the "Authorized User" box for individuals who are not owners but has authority to conduct business on behalf of the organization.

- The business owners are automatically included as authorized signers. Only the business owner(s) are allowed to add or remove signers from business accounts.
- Please ensure all signatures are provided and appropriate documentation is included.
- As with primary owners, ALL personal accounts of authorized signers (if any) must be in good standing. If not, the Authorized Signer will not be added.
- Authorized Signers do not need to be in Ohio Catholic's Field of Membership.

## AUTHORIZED SIGNER AGREEMENT

You certify that you are an Authorized Signer of the Business named above with the authority to bind the Business to the Ohio Catholic Business Card Terms and Conditions. You also certify that this application and all other support materials including financial statements are complete and correct. You authorize Ohio Catholic to obtain credit reports and make other inquiries such as requests from the IRS or other organizations necessary to process your loan request. If credit is granted, you understand that you and the Business are individually and jointly liable for paying charges on the Account and agree to the Ohio Catholic Business Card Terms and Conditions. You understand and agree that your account, including applicable rates and further use of credit, are subject to periodic review at the discretion of Ohio Catholic. You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares or deposits.

## Business Owner(s) / Administrator(s) / Authorized Signer / Credit Card User Information

By signing below, I (we) agree that I (we) have received all attached disclosures contained in this Account Application Packet. I (We) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions. Copy of valid Government-Issued ID is required.

OWNER/ADMINISTRATOR		<input type="text"/> % Owned	<input type="checkbox"/> Administrator (Non-Profit)	<input type="checkbox"/> Authorized User	<input type="checkbox"/> Credit Card User
Current Member Number		Catholic Affiliation (Diocese, Parish, School, Foundation, etc.)		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name	MI	Last Name	Suffix	SSN	Date of Birth (MM/DD/YYYY)
Driver's License, Gov't ID No., or State ID No.		Date Issued (MM/DD/YYYY)		Expiration (MM/DD/YYYY)	
Current Home Address: Street		City		State	Zip Code
Mailing Address: Street (If Different Than Above)		City		State	Zip Code
Home Phone		Work Phone		Cell Phone	
Years at Address	Own / Rent?		Email Address		
Employer Address: Street		City		State	Zip Code
Occupation / Job Title		Annual Income		Start Date	
<b>X Signature</b>				Signature Date	

OWNER/ADMINISTRATOR		<input type="text"/> % Owned	<input type="checkbox"/> Administrator (Non-Profit)	<input type="checkbox"/> Authorized User	<input type="checkbox"/> Credit Card User
Current Member Number		Catholic Affiliation (Diocese, Parish, School, Foundation, etc.)		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name	MI	Last Name	Suffix	SSN	Date of Birth (MM/DD/YYYY)
Driver's License, Gov't ID No., or State ID No.		Date Issued (MM/DD/YYYY)		Expiration (MM/DD/YYYY)	
Current Home Address: Street		City		State	Zip Code
Mailing Address: Street (If Different Than Above)		City		State	Zip Code
Home Phone		Work Phone		Cell Phone	
Years at Address	Own / Rent?		Email Address		
Employer Address: Street		City		State	Zip Code
Occupation / Job Title		Annual Income		Start Date	
<b>X Signature</b>				Signature Date	

OWNER/Administrator											
			<input type="checkbox"/> % Owned		<input type="checkbox"/> Administrator (Non-Profit)		<input type="checkbox"/> Authorized User <input type="checkbox"/> Credit Card User				
Current Member Number				Catholic Affiliation (Diocese, Parish, School, Foundation, etc.)				U.S. Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name		MI	Last Name		Suffix	SSN		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name	
Driver's License, Gov't ID No., or State ID No. ID No.					State		Date Issued (MM/DD/YYYY)		Expiration (MM/DD/YYYY)		
Current Home Address: Street					City			State		Zip Code	
Mailing Address: Street (If Different Than Above)					City			State		Zip Code	
Home Phone				Work Phone			Cell Phone				
Years at Address			Own / Rent?			Email Address					
Employer Address: Street					City			State		Zip Code	
Occupation / Job Title					Annual Income			Start Date			
<b>X Signature</b>								Signature Date			

OWNER/Administrator											
			<input type="checkbox"/> % Owned		<input type="checkbox"/> Administrator (Non-Profit)		<input type="checkbox"/> Authorized User <input type="checkbox"/> Credit Card User				
Current Member Number				Catholic Affiliation (Diocese, Parish, School, Foundation, etc.)				U.S. Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name		MI	Last Name		Suffix	SSN		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name	
Driver's License, Gov't ID No., or State ID No. ID No.					State		Date Issued (MM/DD/YYYY)		Expiration (MM/DD/YYYY)		
Current Home Address: Street					City			State		Zip Code	
Mailing Address: Street (If Different Than Above)					City			State		Zip Code	
Home Phone				Work Phone			Cell Phone				
Years at Address			Own / Rent?			Email Address					
Employer Address: Street					City			State		Zip Code	
Occupation / Job Title					Annual Income			Start Date			
<b>X Signature</b>								Signature Date			

OWNER/Administrator											
			<input type="checkbox"/> % Owned		<input type="checkbox"/> Administrator (Non-Profit)		<input type="checkbox"/> Authorized User <input type="checkbox"/> Credit Card User				
Current Member Number				Catholic Affiliation (Diocese, Parish, School, Foundation, etc.)				U.S. Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name		MI	Last Name		Suffix	SSN		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name	
Driver's License, Gov't ID No., or State ID No. ID No.					State		Date Issued (MM/DD/YYYY)		Expiration (MM/DD/YYYY)		
Current Home Address: Street					City			State		Zip Code	
Mailing Address: Street (If Different Than Above)					City			State		Zip Code	
Home Phone				Work Phone			Cell Phone				
Years at Address			Own / Rent?			Email Address					
Employer Address: Street					City			State		Zip Code	
Occupation / Job Title					Annual Income			Start Date			
<b>X Signature</b>								Signature Date			