



Business Services Membership Application

Ohio Catholic Federal Credit Union

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.
- A \$5 (minimum) Business Savings must be established to establish membership for the Business Entity.
- Additionally, the personal and business accounts of ALL principal owners, if any, must be in good standing to open a business account.
- Principal owners may include owners, managers, directors, and managing partners.

HOW TO ESTABLISH MEMBERSHIP

- Visit a regional branch and open your account with a Business Services Representative.
- Email: BusinessServices@OhioCatholicFCU.com
- Call (216) 663-6800 or toll free 1-888-696-4462 and ask for Business Services
- Fax completed form to (440) 744-0838

REQUIRED BUSINESS DOCUMENTATION (additional documentation may be required)

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

AUTHORIZED SIGNERS

- 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.

FINANCIAL STATEMENTS REQUIRED TO OBTAIN CREDIT

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

General Business Financial Information need for all loans (For each borrower or corporate guarantor):

- 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 need for all loans (For each borrower, personal cosigner, or corporate guarantor):

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

<p>Depending on the loan request, collateral or services requested copies of the following business information may be requested:</p> <ul style="list-style-type: none"> • Invoice or Purchase Agreement • Cash Flow Statement (if not already included) • Three Most Recent Bank Statements • Three Most Recent Merchant Services Statements • Accounts Receivable Aging • Accounts Payable Aging • Equipment Listing • Inventory Listing • Vehicle Listing • Other 	<p>Depending on the loan request and collateral, the following additional personal financial information may be requested:</p> <ul style="list-style-type: none"> • Global Cash Flow • Three Most Recent Bank Statements • Other 	<p>Real Estate Related Loan Request Please include copies of the following:</p> <ul style="list-style-type: none"> • Broker Listing • Purchase Agreement • Prior Appraisal • Prior Title Policy • Insurance Policy • Inspection Reports • Construction Budget - New Construction Only • Environmental Risks Questionnaire • Environmental Studies or Reports • Rent Roll • Leases • Architect Plans - New Construction Only
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Ohio Catholic reserves the right to refuse membership 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)
- 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.)

PLEASE 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.



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Ohio Catholic Federal Credit Union

Ohio Catholic reserves the right to request additional identification and information.

BUSINESS INFORMATION

Name of Business		Business Tax ID No.	
DBA Name (If Applicable)	Business Phone Number	Alternate Phone Number	
Physical Address of Business: Street	City	State	Zip Code
Mailing Address of Business: Street <small>(If Different From Above)</small>	City	State	Zip Code
List All Additional Locations of Business: Street	City	State	Zip Code
Email Address	Website Address	Date Business Established (MM/DD/YYYY)	

TYPE OF BUSINESS - Legal Structure of Business

Check the appropriate box(es)

<input type="checkbox"/> Catholic Organization located in Ohio including dioceses, parishes, schools, services, ministries, organizations, or entities	<input type="checkbox"/> Corporation
<input type="checkbox"/> 501(c)(3) Non-Profit Organization	<input type="checkbox"/> Single-Member Limited Liability Corporation
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Multi-Member Limited Liability Corporation
<input type="checkbox"/> Partnership	

DESCRIPTION OF BUSINESS OPERATIONS

Describe the nature of your Business (actual goods sold or services provided)

NOTE: Ohio Catholic reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving internet gambling and/or money services businesses. Refer to the Disclosure and Agreement included in this Membership Application for examples and more information.

Estimated Annual Sales/Revenue	Total Business Assets	Net Worth
Is the Internet a major source of revenue for your Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many Employees Do You Have?

Business' Primary Trade Area (Check all that apply)

- Local Community
 Statewide
 Domestic U.S.
 International

BUSINESS PRODUCTS AND SERVICES

<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Business Savings <small>Includes Share Savings, Money Market, or Certificates</small>	<input type="checkbox"/> Business Services <small>Includes ACH Direct Deposits, Online Banking, Bill Pay, Wire Transfers, Automatic Funds Transfer, Night Depository Drop, Overdraft Protection, & Notary Services</small>
<input type="checkbox"/> Business Debit Card	<input type="checkbox"/> Remote Deposit Capture	
<input type="checkbox"/> Merchant Services Purpose/type of transactions for which your account will be used:		
<input type="checkbox"/> Operating/General Purpose	<input type="checkbox"/> Escrow Management	<input type="checkbox"/> Savings/Investment

BUSINESS CREDIT PRODUCTS

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

*See Disclosures on OhioCatholicFCU.com

Business Owner(s) Information

OWNER 1							
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN	Pct. of Ownership %	
Current Member Number		Mother's Maiden Name		Catholic Affiliation			
Driver's License, Gov't ID No., or State ID No. ID No.		State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone No.		Mobile Phone No.		Office Phone No.		Ext.	
Current Home Address: Street		City		State	Zip Code		
Own or Rent?	Years at Current Address		Current Employer		Start Date	Annual Income	
Employer Address: Street		City		State	Zip Code		

OWNER 2							
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN	Pct. of Ownership %	
Current Member Number		Mother's Maiden Name		Catholic Affiliation			
Driver's License, Gov't ID No., or State ID No. ID No.		State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone No.		Mobile Phone No.		Office Phone No.		Ext.	
Current Home Address: Street		City		State	Zip Code		
Own or Rent?	Years at Current Address		Current Employer		Start Date	Annual Income	
Employer Address: Street		City		State	Zip Code		

OWNER 3							
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN	Pct. of Ownership %	
Current Member Number		Mother's Maiden Name		Catholic Affiliation			
Driver's License, Gov't ID No., or State ID No. ID No.		State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone No.		Mobile Phone No.		Office Phone No.		Ext.	
Current Home Address: Street		City		State	Zip Code		
Own or Rent?	Years at Current Address		Current Employer		Start Date	Annual Income	
Employer Address: Street		City		State	Zip Code		

OWNER 4							
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN	Pct. of Ownership %	
Current Member Number		Mother's Maiden Name		Catholic Affiliation			
Driver's License, Gov't ID No., or State ID No. ID No.		State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone No.		Mobile Phone No.		Office Phone No.		Ext.	
Current Home Address: Street		City		State	Zip Code		
Own or Rent?	Years at Current Address		Current Employer		Start Date	Annual Income	
Employer Address: Street		City		State	Zip Code		

In addition to the Business Owner, the following names person(s) is/are authorized, on behalf of the Business, to execute any document required by Ohio Catholic to transact business, including to sign or endorse any order for the payment of withdrawal of funds from this account. A Business Owner is the only individual entitled to add and delete Authorized Signers. (Check the appropriate box to indicate if the Authorized Signer is also a current member.)

AUTHORIZED SIGNER 1

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN
Current Member Number	Catholic Affiliation				
Driver's License, Gov't ID No., or State ID No. ID No.	State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Ext.	

AUTHORIZED SIGNER 2

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN
Current Member Number	Catholic Affiliation				
Driver's License, Gov't ID No., or State ID No. ID No.	State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Ext.	

AUTHORIZED SIGNER 3

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN
Current Member Number	Catholic Affiliation				
Driver's License, Gov't ID No., or State ID No. ID No.	State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Ext.	

AUTHORIZED SIGNER 4

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	SSN
Current Member Number	Catholic Affiliation				
Driver's License, Gov't ID No., or State ID No. ID No.	State	Date Issued (MM/DD/YYYY)	Expiration (MM/DD/YYYY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Ext.	

Copy of valid Government-Issued ID is required

DISCLOSURE AND AGREEMENT

I (We) understand that this Agreement is not valid without my (our) signature(s). The words “we,” “our,” or “your” refer to either the Business Owner or the business entity.

By signing this application, I (we) confirm that all owners of the Business are eligible for Ohio Catholic membership.

I (We) confirm that I (we) have received and agree with the Business Disclosures.

I (We) certify that I (we) do not participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the Ohio Catholic business account or any relationship with the Ohio Catholic. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Casher, Issuer of Traveler’s Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler’s Checks, Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service.

I (We) further understand that Ohio Catholic reserves the right to deny or restrict any high-risk deposit entities conducting Internet Gambling or MSB transactions, and the Ohio Catholic may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (We) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify Ohio Catholic in advance of such change.

By signing below, I (we) agree that I (we) have received all 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.

Owner 1 Signature	Printed Name	Date
Owner 2 Signature	Printed Name	Date
Owner 3 Signature	Printed Name	Date
Owner 4 Signature	Printed Name	Date

Authorized Signer 1 Signature	Printed Name	Date
Authorized Signer 2 Signature	Printed Name	Date
Authorized Signer 3 Signature	Printed Name	Date
Authorized Signer 4 Signature	Printed Name	Date

CORPORATION OR LIMITED LIABILITY COMPANY INFORMATION

Company Name

Resolved, that the funds of Company are hereby authorized to be paid into the account(s) identified on the Account Application delivered to Ohio Catholic by the Company, and Ohio Catholic is hereby authorized to pay withdrawals signed in the name of the Company by any person whose signature appears as an Authorized Signer. Ohio Catholic further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Company, which shall be executed in the name of the Company by any of the signatories. Ohio Catholic is authorized to supply any endorsement for the Company and any signatory on any check or other instrument tendered for said account(s), it is hereby relieved of any liability in connection with the collection of such items that are handled by Ohio Catholic without negligence, and it shall not be liable for the acts of its agents, subagents, or others or for any casualty.

Membership at Ohio Catholic comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at Ohio Catholic. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (We) agree to accept communications from the Credit Union, including account statements, at the mailing address I (we) have provided in the “Business Information” section of this application, unless I (we) instruct Ohio Catholic otherwise in writing. I (We) also agree to notify Ohio Catholic of any change to this address.

To help fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you:

When you open an account, we will ask you for your name(s), address(es), date(s) of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license(s) or other identifying documents.

Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If Ohio Catholic believes there is a conflict amongst the account owners, Ohio Catholic has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences.

Ohio Catholic reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Business Details.

Withdrawals may not be made on account of such items until collected, any amount not collected may be charged back to said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to the Company. The Authorized Signatories are identified on this Account Application. I certify that I am the duly elected, qualified, and acting Secretary or Managing Member as the case may be of the above named Company, that the foregoing is a true and correct copy of a resolution adopted by the Company at a regular or duly called special meeting at which a quorum was present, that said resolution is recorded in its minutes, that the Company is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).

This is the _____ day of _____, 20 _____	Signature of One Owner
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To Business Applicant: Ohio Catholic requires the authorization of either all business owners or the duly elected secretary authorized to act on their behalf in order to act on an application for membership. Please use this form if you do not have an existing resolution to provide.

WHEREAS _____ wishes to obtain financial services from Ohio Catholic Federal Credit Union (Ohio Catholic), it hereby grants both signing authority and the authority to conduct business to _____ who may apply for and obtain, on behalf of and in the name of the business entity, an account at Ohio Catholic, which may include, but is not limited to, access to routine banking services, savings products, checking products, wire transfer services, electronic banking, automated clearing house activity, and Debit Card access.

FURTHER, it is resolved that this individual is authorized to act individually or in concert with others on behalf of the business for the purposes of providing the information required by the financial institution to open the account such as business name, EIN, address, and officers; naming others who will have access to the account; and authorizing transactions of any kind to or from this account, provided appropriate identification is obtained.

It will be the responsibility of the business owners, each of whom has signed below (or on whose behalf the duly elected and qualified Secretary has signed below), to ensure activity on the account is monitored, with the understanding that unless named on the business account, they will not have access to account information directly from the financial institution.

Sign in either section I or II below.

I. Signature of all Business Owners

Printed Name _____

Printed Name _____

Title _____

Title _____

Signature _____

Signature _____

Date _____

Date _____

Printed Name _____

Printed Name _____

Title _____

Title _____

Signature _____

Signature _____

Date _____

Date _____

II. Signature of Secretary

Printed Name _____

Title _____

Signature _____

Date _____

For Credit Union Use Only
Approved By: _____ Membership Officer
Date: _____