

# Business Member Service Application

BCU

340 N. Milwaukee Ave., Vernon Hills, IL 60061  
Toll Free: 800-388-7000

In order to start your account(s) and services for your business or organization at BCU, please complete this form according to the steps that follow. First, complete the information about your business or organization in **SECTION 1**. Complete the representative/owner information in **SECTION 2**. Complete the signer information in **SECTION 3**. Select the account(s) you want in **SECTION 4**. Select the services you'd like in **SECTION 5**. Read the Proxy Statement in **SECTION 6** and check the box if you agree. Please read **SECTION 7** and **SECTION 8**. Sign your name(s) in **SECTION 8**, and return this form to us with a copy of all representative's/owner's driver's licenses and the required documentation for your business or organization to join and open accounts.

## SECTION 1 INFORMATION about the BUSINESS or ORGANIZATION

Name of Business or Organization				Phone 1	Phone 2/Fax	NAICS Code
Address	City	State	ZIP	Taxpayer ID Number	E-mail	
Mailing Address (if different from Address)	City	State	ZIP	Type of Business or Organization	Registration/License Number (If Applicable)	
<b>Eligibility: Check One</b> <input type="checkbox"/> Current Member - Account No. _____ <input type="checkbox"/> SEG Employee <input type="checkbox"/> Community Charter						
					Today's Date	

## SECTION 2 REPRESENTATIVE(S)/OWNER(S) INFORMATION (May start, conduct transactions on, maintain, change, add and terminate an account, product or service for the business/org.)

Representative/Owner 1 Name		Title	Address		City	State	ZIP
Home Phone	Cell Phone	Social Security Number		Date of Birth	E-mail Address		
Driver's License - State, Number & Issue and Exp. Date			Employer/Retired From	Work Phone	Occupation/Profession	Account Code Word	
Representative/Owner 2 Name		Title	Address		City	State	ZIP
Home Phone	Cell Phone	Social Security Number		Date of Birth	E-mail Address		
Driver's License - State, Number & Issue and Exp. Date			Employer/Retired From	Work Phone	Occupation/Profession	Account Code Word	

## SECTION 3 SIGNER INFORMATION (A signer may conduct transactions on behalf of the business or organization.)

Signer Name		Title	Address		City	State	ZIP
Home Phone	Cell Phone	Social Security Number		Date of Birth	E-mail Address		
Driver's License - State, Number & Issue and Exp. Date			Employer/Retired From	Work Phone	Occupation/Profession	Account Code Word	

## SECTION 4 ACCOUNT(S) Savings - \$5.00 required Standard Checking Premier Checking

## SECTION 5 SERVICE(S) Debit Card Checks

## SECTION 6 PROXY STATEMENT FOR VOTING

I do hereby appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is exercised, to cast all votes to which the member is entitled to cast at Credit Union annual and special meetings, for the election of directors and all other matters as permitted by law and that do not exceed the limitations in the Illinois Credit Union Act. This proxy will automatically renew unless and until the member either revokes it, or attends the meetings to vote in person.

## SECTION 7 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/ Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding  Exempt (Exempt Payee Code \_\_\_\_\_)  I am not a United States citizen or resident (complete W-8 form)

**SECTION 8 ACKNOWLEDGMENT:** The business or organization is or applies to be a member of BCU ("we", "us" & "our") according to our Business Member Service Agreement (BMSA). The business or organization and authorized person(s) ("you" & "your") request the accounts, products and services selected on this Business Member Service Application form, and acknowledge receiving or being offered the Business Member Service Agreement (BMSA), which includes the Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee disclosures. The BMSA has been emailed to the business address in Section 1 of this form. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Business Member Service Application form has been completed according to your instructions. You understand the BMSA governs your membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on this Business Member Service Application form and the BMSA and have no obligation to rely on any other documents. We may change the BMSA, and you may make changes and additions to your Business Member Service Application form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of this Business Member Service Application form from us during business hours and the BMSA from our website your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.

**1. Authority of an Authorized Person of the Account Owner.** You agree that each authorized person (a "representative") named in this Business Member Service Application form is authorized to act on behalf of you for your accounts, products and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in the BMSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for your membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the business or organization is the owner of the account(s), product(s) and service(s), and that the name provided is the complete and correct name of the owner of the account(s), product(s) and service(s). Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

**2. Certificate of Authority & Liability.** You understand and agree that the authority given to an authorized person named on this Business Member Service Application form and addressed in the BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business or organization that affects the BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business, and agree to notify us before engaging in any such business in future. You and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Business Member Service Application form to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Business Member Service Application form, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BMSA. *The IRS does not require your consent to any provision of the BMSA other than the certification required to avoid backup withholding* (in Section 7 above).

Representative 1 Signature

Representative 2 Signature

Signer Signature