



Business Membership Questionnaire

Documentation Needed:

- **Proof of Federal Tax ID (EIN of the business or SSN of the individual, if applicable)**
- **Certificate of Existence, Active Status or Trade Name with the Secretary of State**
[\(https://businesssearch.sos.state.oh.us/\)](https://businesssearch.sos.state.oh.us/)
- **Articles of Incorporation**
- **Copy of Driver's License of each Authorized Signer**
- **Additional Documentation may be required**

Business Name: _____

Address: _____

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

Phone: _____ **Email:** _____

Federal Tax ID: _____

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

Date Business Established: _____

Individual with Significant Responsibility for Managing the Legal Entity

Name: _____ Title: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

List each individual, if any, with more than 25% Ownership in the Business:

Name: _____ Title: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

List All Authorized Signers for the Account:

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

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

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

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

Business Accounts Offered:

- **Basic Business Checking**
- **Plus Business Checking**

Additional Services:

- **Business MasterCard Debit Card with E-Alerts**
- **Free, Convenient Online Banking & Bill Pay***
- **Free Mobile App with Remote Deposit Capture**
- **Domestic and International Wire Transfers**
- **Transfer by Phone**
- **eStatements**
- **Deposit Bags**
- **Access cash at more than 40,000 surcharge-free* ATMs nationwide**