

Phone/Text 573-256-2500 Email: support@como-cu.com

### **Step 1- Business Account Types & Required Documentation**

#### Sole Proprietorship

The most common form of organization for a small business is the sole proprietorship. In a sole proprietorship, the business is owned and controlled by one individual. This person alone receives the profits and is responsible for the obligations of the business. If a husband and wife wish to own a business together, they must form a partnership, corporation or limited liability company. Any person that is conducting business or accepting checks under a name other than their own full legal name would be included in this category. If the name of the business does not include the owners first and last full legal name in the title, a Fictitious Name Registration is required.

### Summary of Requirements

Ц	Primary N	Aembershij	p Account					
	0	Business	Account	Resolution	Form	(CU	provided	with
		Members	ship app)					
	Business 7	Tax Id OR	SSN					

Copy of filed fictitious name registration with the state Valid Driver's License and Social Security Card for all signers/owners 12 Months of bank statements for existing business account,

### **Partnership**

A partnership is made up of two or more people. There are two common forms of partnerships-general and limited.

General Partnership (GP) all partners share equally in the right, and responsibility, to manage the business, and each partner is responsible for all the debts and obligations of the business. A general partnership legally ends when a partner withdraws or dies.

Limited Partnership (LP) a limited partnership is a type of partnership in which the limited partners share in the partnership's liability up to the amount of their investment in the limited partnership. By statute, the limited partnership must have at least one general partner and one limited partner. Limited partners may sell their ownership in the company, the partnership does not end if a limited partner sells ownership or dies.

#### Summary of Requirements

Primary Membership Account of at least one owner					
O Business Account Resolution Form (CU provided with					
Membership app)					
Business Tax ID					
Copy of filed fictitious name registration with the state					
Partnership Agreement or Limited Partnership Agreement					
Certificate of Limited Partnership with file number stamped and dated					
from the State of Missouri					
Valid Driver's License and Social Security Card for all signers/owners					
12 Months of bank statements for existing business account.					

#### Unincorporated Association, Non-profit Accounts

This group is defined as non-profit organizations, and may include churches, PTAs, homeowners and condominium owners.

### Summary of Requirements

Primary Membership Account of at least one owner							
0	Business	Account	Resolution	Form	(CU	provided	with
	Members	ship app)					
Pusinoss "	For Id						

Ш	Copy of Articles of Association <i>OR</i> Bylaws of Charter documents

Valid Driver's License and Social Security Card for all signers/owners

### **Limited Liability Company**

Limited Liability Companies (LLC) are designed to combine the tax treatment of a partnership with the limited liability characteristics of a corporation. The investors in an LLC are known as members (not stockholders) and it has a board of governors who are given the authority to establish and handle the account at the credit union. A limited liability company may have one or more members. When the company is first established, the members must file Articles of Organization and an Operating Agreement.

Summary of Requirements
□ Primary Membership Account of at least one owner  ○ Business Account Resolution Form (CU provided with Membership app)
☐ Business Tax ID
☐ Copy of filed fictitious name registration with the state
☐ Operating Agreement signed by <i>all</i> owners
$\hfill \Box$ Article of Organization with file number stamped and dated from the State of Missouri
$\square$ Valid Driver's License and Social Security Card for $\emph{all}$ signers/owners
12 Months of bank statements for existing business account. <u>Corporation</u>
A corporation is a legal entity separate from its owners, it is owned by one or more shareholders. The shareholders elect a board of directors which has responsibility for management and control of the corporation. Any business that files their Articles of Incorporation with the state is considered under this group. A Certificate of Assumed Name is required on corporate accounts if the business also conducts business using a name that is different from the true name of the corporation as stated on the Articles of Incorporation. Example: If Johnson Building Company does business as Johnson Construction it must register a Certificate of Assumed Name. However, if Johnson Building Company also does business as Johnson Building, a Certificate of Assumed Name is not required.
Summary of Requirements
□ Primary Membership Account of at least one owner    ○ Business Account Resolution Form (CU provided with Membership app)
☐ Business Tax ID
☐ Copy of filed fictitious name registration with the state
☐ Articles of Incorporation signed by all owners file number stamped and dated from the State of Missouri
□ Valid Driver's License and Social Security Card for <i>all</i> signers/owners
12 Months of bank statements for existing business account.
Recreational Clubs or Account

This group is defined as informal associations or clubs. High school class reunion accounts, bowling leagues, etc.

### Summary of Requirements

		7						
	Primary I	Membershi	P Account	of at least ow	vner			
	Business	Гах Id						
	0	Business	Account	Resolution	Form	(CU	provided	with
		Members	hip app)					
	Valid Dri	ver's Licen	se and Soc	ial Security C	Card for	all sig	ners/own	
Seci	retary of	State						
http	://www.s	os.mo.gov	/business/	corporation	s/onli	neServ	ices.asp	

<ol> <li>2.</li> <li>3.</li> </ol>	What is the Primary purpose of your business?			
3,	How long have you been in business?			
	What is the average number of checks you expec	ct to deposit a		
	month/daily?			
4.	How much will the Average Monthly Balance in	the account		
	be?			
5.	Do you currently have a business account with a	nother		
	financial institution?			
	If yes, with who?			
	What is the reason for leaving them?			
6.	Do you fore see ever doing wire transfers either	in or out of		
	the account?			
res	ACKUP WITHHOLDING I am not subject to bac esult of a failure to report all interest or dividends,	or the Internal Revenue Serv	rice has notified me that I am no	longer subject to backup withholding
Signature				Date
ep 4- Proc	ducts and Services			
	avings Only			
Cł	hecking & Savings			
	lodification to Existing Business Account			
Me				
<u> </u>				
<u> </u>	ther			
Of	siness Account Information			
tep 5- Bus	siness Account Information		Tav Id #	
tep 5- Bus  Account Tit	siness Account Information		Tax Id#	How long has
Of	siness Account Information		Tax Id#	How long has business existed?  How long at this address?



WNED / ATTTI	ODIZED SICNED #1				
Name	ORIZED SIGNER #1			Puiss a ur	
ivame				Primary Membership #	
Physical				Yrs at	
Address Home		Work Phone		Residence Cell Phone	
Phone		work rhone		Cell Fhone	
Social		Date of Birth		Mother Maiden	
Security #					
DL State	DL Number		E-Mail Address		
Employer		'	'	How Long	
	in MO for the past 5	Yes No	Others		
	other states of residence:		J		
	ORIZED SIGNER #2			n :	
Name				Primary  Membership #	
Physical				Yrs at	
Address				Residence	
Home		Work Phone		Cell Phone	
Phone Social		Date of Birth		Mother Maiden	
Social Security #		Date of birth		Mother Maiden	
DL State	DL Number		E-Mail Address		
Employer				How Long	
Have you lived i	in MO for the past 5	Yes No	Others		
	in MO for the past 5 other states of residence:	Yes No	Others		
years? If no, list		Yes No	Others		
years? If no, list	other states of residence:	Yes No	Others	Primary	
years? If no, list o WNER/AUTH Name	other states of residence:	Yes No	Others	Membership #	
years? If no, list of WNER/AUTH Name Physical	other states of residence:	Yes No	Others	Membership # Yrs at	
years? If no, list o WNER/AUTH Name Physical Address	other states of residence:		Others	Membership # Yrs at Residence	
years? If no, list of WNER/AUTH Name Physical	other states of residence:	Yes No Work Phone	Others	Membership # Yrs at	
years? If no, list of WNER / AUTH Name Physical Address Home Phone Social	other states of residence:		Others	Membership # Yrs at Residence	
years? If no, list of WNER/AUTH Name Physical Address Home Phone	other states of residence:	Work Phone	Others  E-Mail Address	Membership # Yrs at Residence Cell Phone	
years? If no, list of WNER/AUTH Name Physical Address Home Phone Social Security #	other states of residence: ORIZED SIGNER #3	Work Phone		Membership # Yrs at Residence Cell Phone	
years? If no, list of WNER/AUTH Name Physical Address Home Phone Social Security # DL State Employer Have you lived i	DL Number  in MO for the past 5	Work Phone		Membership # Yrs at Residence Cell Phone  Mother Maiden	
years? If no, list of WNER/AUTH Name Physical Address Home Phone Social Security # DL State Employer Have you lived it	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH	DL Number  in MO for the past 5	Work Phone  Date of Birth	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long	
years? If no, list of WNER/AUTH Name Physical Address Home Phone Social Security # DL State Employer Have you lived it	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived if years? If no, list of WNER/AUTH Name  Physical Address	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth  Yes No	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at Residence	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH Name  Physical Address Home	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH Name  Physical Address Home Phone	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth  Yes No  Work Phone	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at Residence Cell Phone	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived if years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth  Yes No	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at Residence	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH Name  Physical Address Home Phone	DL Number  in MO for the past 5 other states of residence:	Work Phone  Date of Birth  Yes No  Work Phone	E-Mail Address	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at Residence Cell Phone	
years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security # DL State  Employer  Have you lived it years? If no, list of WNER/AUTH Name  Physical Address Home Phone Social Security #	DL Number  In MO for the past 5 other states of residence: ORIZED SIGNER #4	Work Phone  Date of Birth  Yes No  Work Phone	E-Mail Address  Others	Membership # Yrs at Residence Cell Phone  Mother Maiden  How Long  Primary Membership # Yrs at Residence Cell Phone	

### Step 7- Authorization/Signatures

Everything I/we have stated in this application is true to the best of my/our knowledge. I/We understand that Columbia Credit Union will retain this application whether or not it is approved. Columbia Credit Union is authorized to verify my/our employment, check my/our credit history and to answer questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing all Columbia Credit Union accounts; (2) the terms and conditions of any agreements for specific services such as checking, savings, certificates and electronic banking; and (3) the terms of Columbia Credit Union's fee and information schedule as amended from time to time. I/we also agree to all terms, whether posted in your premises, printed on deposit slips, contained in your fee and information schedule or enclosed with statements. I/We understand that any of the terms may be changed by Columbia Credit Union from time to time.

My/our signature(s) below signifies that I/we have read the Account Agreement and Disclosures and agree to abide by its terms and conditions.	
Authorized Signer #1	
Authorized Signer #2	
	-
Authorized Signer #3	
Authorized Signer #4	



### **Step 8- Account Resolution**

I/We c	ertify to Colu	ımbia Credit	Union (the "Credit	t Union") that the following Bu	siness Resolutions (the "Resolutions"	) were adopt	ed with all nece	ssary apj	provals by
the:	■Board of	Directors	■Sole Proprieto	or General Partner(s)	☐ Trustee(s) ☐ Unincorporated	l Association	or Organizatio	on	
Other_			_ of			(the	"Business") w	ith a	Taxpayer
Id of			is	a /an Unincorporated	Association or Organization LLC	Corpora	tion Part	nership	
Limited	l Partnership	☐ Sole	Proprietorship	Other (specify):	Organiz	ed under th	ne laws of		
				(state).					

I/We further certify that the following is a true and correct copy of such Resolutions and that such Resolutions continue in full force and effect without amendment or alteration on the date hereof and are in all respects in conformity with and authorized by any articles of organization, certificate of incorporation, charter, by-laws, declaration of trust, partnership agreement, operating agreement or other governing instrument(s) in force at the time of adoption of said Resolutions and at the present time and that the Business shall notify the Credit Union in writing immediately of any changes.

#### **DEPOSIT ACCOUNTS**

RESOLVED: That for purposes of establishing one or more business deposit accounts with the Credit Union and utilizing the products and services offered by the Credit Union in connection therewith, the Business shall submit an application or request therefore in a form provided by the Credit Union and in so doing shall agree to be bound by the provisions thereof and by (i) the Credit Union's rules and regulations applicable to such Business Accounts; (ii) the Credit Union's Electronic Funds Transfer and Funds Availability Disclosures; (iii) the Credit Union's terms and conditions and/or rules and regulations for any business services selected by the Business from time to time; and (iv) the Credit Union's Business deposit account fee schedule, as each of them may be amended by the Credit Union from time to time, and that in order to accomplish the foregoing, the individual whose name and title appears below as the primary Authorized Representative be, and hereby is, authorized on behalf of the Business, acting singly, to execute the application or request and all other documents required by the Credit Union to be executed by the Business in connection therewith, including without limitation a Request for Taxpayer Identification Number and Certification (IRS Form W-9 or substitute Form W-9).

**RESOLVED:** That the Credit Union be, and hereby is, designated a depository of funds of the Business with the authority to accept at anytime for the credit of the Business deposits in checking, savings, money market, or any other accounts, by whomsoever made in whatever manner endorsed; and, without limiting and generality of the foregoing, which endorsement may be in writing, by stamp, or otherwise and which endorsement may be effectively made with or without designation or signature of the person so endorsing; and all funds in the Business' accounts shall be subject to the bylaws, rules, account agreements, regulations and conditions of the Credit Union governing deposits now in effect or hereafter adopted by the Credit Union and the Credit Union shall not be liable in connection with the collection of such items which are handled by the Credit Union without negligence and the Credit Union shall not be liable for the acts of its agents, subagents or for any casualty.

**RESOLVED:** That the Credit Union be, and hereby is, authorized and directed to pay or otherwise honor checks, drafts, notes, bills of exchange, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable when made, signed, accepted or endorsed by the signature, actual or purported facsimile signature, or oral direction of any one (1) of the persons designated below as an Authorized Representative.

RESOLVED: That the Business assumes full responsibility for (A) the use of actual or purported facsimile signature(s) of any individual identified below as an Authorized Representative on checks, drafts or orders of the Business drawn on the Credit Union, and for payments made by the Credit Union in reliance thereon, which payments may be charged to the account of the Business regardless of by whom or by what means the actual or purported facsimile signature(s) may have been affixed or impressed; (B) the oral direction of any individual identifying himself or herself to be an individual identified below as an Authorized Representative, the Credit Union not having any obligation to verify the identity of any such individual, provided the Credit Union in good faith; and (C) the possession and/or use of any Business Debit Card(s) issued by the Credit Union, whether or not any such Card was, in fact, used by a duly authorized representative of the Business, unless and until the Credit Union has received written notice that the Card issued to the Business has been lost or stolen and the Credit Union has a reasonable period of time to act on such notice.

### WIRE TRANSFER AUTHORIZATION

**RESOLVED:** That any one or more of the individuals identified below as Authorized Representatives may be designated in an application or service request in the Credit Union wire transfer agreement for business services as having Wire Transfer Authorization and all such individuals shall be, and hereby are, authorized on behalf of the Business, acting singly, to initiate by signature, actual or purported facsimile signature, or oral direction the transfer of funds by wire, telex, book entry or other means (hereinafter "wire transfers") from any account of the Business, where permitted by the Credit Union, and to delegate in writing from time to time to other persons the authority granted hereunder to initiate wire transfers on behalf of the Business.

### **BUSINESS ONLINE BANKING AUTHORIZATION**

**RESOLVED:** That any one or more of the individuals identified below as Authorized Representatives may be designated in an application or service request as having Business Online Banking Authorization and all such individuals shall be, and hereby are, authorized on behalf of the Business, acting singly, to initiate by computer any Business Online Banking transaction, which may include without limitation, transferring funds between and making payments from eligible Business deposit accounts.

#### **BORROWING**

The credit union does not currently offer any business lending services at this time.

#### **GENERAL**

RESOLVED: That all appointments, designations, and delegations relative to the authority of any individual to act on behalf of the Business as set forth herein shall remain in full force and effect until the Credit Union's receipt of official written notice (accompanied by such evidence of the authority of the individual giving such notice as the Credit Union may reasonably require) of the revocation or modification of such authority; that the Credit Union may rely on this document until the Credit Union has actually received written notice to the contrary and has a reasonable period of time to act on such notice; and that the Business shall, and by adoption of these Resolutions does, agree to indemnify the Credit Union against any claim resulting from payments made pursuant to, or action taken in good faith reliance upon, any authorization contained in these Resolutions, including any actions taken after a change in the ownership, membership, management or legal structure of the Business but before the Credit Union has actual notice of such change and a reasonable period to act upon such notice.

RESOLVED: That any and all resolutions of the Business that are or may be in conflict with any of the foregoing be, and hereby are, revoked.

### **FACSIMILE SIGNATURE(S)**

The Credit Union is hereby authorized and directed to honor checks, drafts, and other written orders for the payment of money to whomsoever payable, including those drawn to the individual order of a signer, drawing upon the business' account(s) with the Credit Union (even if an overdraft is created thereby) and bearing the facsimile signature(s) purporting to be that of any Authorized Representative identified below or otherwise in accordance with these resolutions. The Credit Union may charge the Business's account(s) with the Credit Union for any payment made by the Credit Union in good faith reliance (which shall be presumed) upon any such facsimile signature(s) appearing upon any check, draft, or other written order presented to the Credit Union regardless of by whom or by what means the actual or purported facsimile signature(s) may have been affixed or impressed. The Business assumes full responsibility for, and shall indemnify, defend, and hold the Credit Union harmless of and from any loss, liability or damage the Credit Union may suffer or incur on account thereof.

### OTHER BUSINESS SERVICES

**RESOLVED:** That the individual whose name and title appears below as the primary Authorized Representative be, and hereby is, authorized on behalf of the Business, acting singly, to request that the Credit Union provide to the Business such other business services as the Credit Union may offer from time to time; that any one or more of the individuals identified below as Authorized Representatives may be designated in the application or request as having authorization to use such business services, and all such individuals shall be, and hereby are, authorized on behalf of the Business, acting singly, to use such business services, including to request and obtain from the Credit Union one or more personal identification numbers (PIN) for use with business Debit Cards, Night Depository, ACH, Origination Services, Online Banking, Bill Pay, Telephone Transfers.



### AUTHORIZED REPRESENTATIVES

The undersigned certifies that the following individuals are empowered to act for and on behalf of the Business as Authorized Representatives in accordance with the authority prescribed herein. However, not all authorized representatives may be authorized to transact business on specific accounts/suffixes. Each signature card will delineate those signers who are authorized on a specific account/suffix.

Printed Name	Title	Signature
Signer 1		
Signer 2		
Signer 3		
Signer4		
IN WITNESS WHEREOF, I/We have signed this certifica	ite on the	(date) I certify that, as of the date
hereof, each of the persons signing above is, as applica	ble, an officer, managing or general par	rtner, manager or authorized member of the
Business with authority to bind the Business, and the sig	nature above is his/her true signature.	
Signature:		
Name:		-
Title:		_