



BUSINESS MEMBER APPLICATION

Five empty rectangular boxes for identification or tracking numbers.

Sole Proprietor  Incorporated  General Partnership  LLC  Assn/Lodge

Legal Business Name \_\_\_\_\_

DBA (if different than legal) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone [\_\_\_\_\_] \_\_\_\_\_

Fax [\_\_\_\_\_] \_\_\_\_\_

Office Line [\_\_\_\_\_] \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Membership Eligibility: I/we qualify for membership in this credit union because:

- One or more signers reside in or the business is in Northfield Township/Glenview or are;
 B'nai B'rith Members or are;
 Current members
 Related to a member (name) \_\_\_\_\_
 Other \_\_\_\_\_

BACK UP WITHOLDING CERTIFICATION Under penalties of perjury, I certify: (1) that the Taxpayer Identification Number (TIN) that I have provided on this form is my correct (TIN) and (2) that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Cross out item (2) above if the Internal Revenue Service has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.) Cross out item (3) and complete a W-8 BEN if you are not a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PROXY The undersigned does hereby constitute and appoint the members of the Board of Directors of Glenview Credit Union, Glenview, Illinois, who are qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, mergers and any matters with regard to which credit union shareholders are entitled to vote, all the shares of Glenview Credit Union now or hereafter owned or held by the undersigned, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member in writing. The undersigned further authorizes the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates, as the proxy shall determine, hereby ratifying whatever the said proxies may do in the premises. The undersigned acknowledges responsibility for reading, understanding and approving this proxy.

SIGNATURES & CERTIFICATIONS By signing below, the undersigned applies for membership in the Glenview Credit Union and agrees to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorizes it to verify credit and employment history by any necessary means, including obtaining credit reports from a consumer reporting agency. The undersigned certifies that information provided on this form is true and correct and that the terms on this application apply to all accounts held by the undersigned at this credit union. The undersigned also acknowledge receipt of the credit unions deposit account disclosures and the terms and conditions that apply therein.

Signature of Signer 1 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Signer 2 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Signer 3 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signer 1

Full Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security/Tax ID \_\_\_\_\_

Present Employer \_\_\_\_\_

eMail: \_\_\_\_\_

Signer 2

Full Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security/Tax ID \_\_\_\_\_

Present Employer \_\_\_\_\_

eMail: \_\_\_\_\_

Signer 3

Full Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security/Tax ID \_\_\_\_\_

Present Employer \_\_\_\_\_

eMail: \_\_\_\_\_

A valid IL Driver's License, US Passport or State of IL ID is required for all signers. All required documentation and signatures need to be on file before you can actively transact on your account. All accounts are subject to approval.

CREDIT UNION USE ONLY Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Opening Deposit \$ \_\_\_\_\_ By  Check  ACH  Cash Received by \_\_\_\_\_

ACCOUNT TYPE:  Business Checking  Business Savings/Required  VISA Debit Cards \_\_\_\_\_  Flex-Teller  Check/Stamp Starter Kit

DISCLOSURES PROVIDED:  Truth-In-Savings  Funds Availability  Electronic Funds Transfer  Privacy

VERIFICATIONS:  OFAC     EFUNDS     USA Gov Issued Photo I.D. for each Signer

SS-4  BCA 2.10 IRS Form  Articles of Inc.

APPLICATION:  Opened by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Approved by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_