

Corporations

Business Account Opening

Select your branch preference:

☐ Cranbrook ☐ Elkford ☐ Fernie ☐ Sparwood

We understand that your time is valuable and in order to process your account opening request as quickly and efficiently as possible we ask that you review the instructions outline and provide the information requested on this form. The form can be:

- Completed, saved with your Business Name and then forwarded to StellerVista via e-mail with the required documentation to Commercial.Support@ekccu.com
- Completed and printed and then dropped off or mailed with the required documentation.
- Forms and info are available at: <https://www.ekccu.com>

StellerVista is member owned; a \$5 share deposit is required which will stay with the account until such time that the account is closed.

To open a business account for a BC Registered *Corporation the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

*Please note – Corporations registered in other Provinces or other countries must be registered in BC.

1) The Following information will be required:

- Proof of Incorporation (Eg. Certificate of Incorporation)
- Articles of Incorporation
- Directors Registry - List of All Directors and Officers
- Corporate Share Structure (Central Securities Register)
- Trade Name Registration (where applicable)
- Confirmation of extra-provincial Registration (where applicable)

2) Provide us with the following information about your Corporation:

| | | |
|---|--|---------------|
| Business Legal Name: | | |
| Business Trade Name: (if applicable): | | |
| Business Address: Mailing Address: Civic Address: City, Postal Code: | | |
| Business Phone Number: | | |
| Email Address: | | |
| Primary Business Activity: (What goods/services provided?) | | |
| Primary Contact Name: | | |
| Phone #: | | Email: |

3) Provide us with the following personal information for each of the account signers; if more than three please add an additional form. Individual signers may provide information separately if they prefer.

| | Signer 1 | Signer 2 | Signer 3 |
|---|---|---|---|
| Legal Name: (Must match Primary ID) First Name | | | |
| Middle Name | <input type="checkbox"/> No Middle Name | <input type="checkbox"/> No Middle Name | <input type="checkbox"/> No Middle Name |
| Last Name | | | |
| Home Address: Mailing Street City, Postal Code | | | |
| Birth Date: (mm/dd/yyyy) | | | |
| Contact Numbers: Home | | | |
| Work/Cell | | | |
| Email Address | | | |
| Occupation | | | |

| Access to Online Banking? | Yes | No | Yes | No | Yes | No |
|---------------------------|-----|----|-----|----|-----|----|
| | | | | | | |

Operating accounts that are most appropriate for your needs:

Please indicate the account types required:

| Chequing | Saving | Investments |
|--|--|--|
| <input type="checkbox"/> Strictly Business (operating account) Electrolink Business | <input type="checkbox"/> Business Savings <input type="checkbox"/> Member Advantage | <input type="checkbox"/> Term Deposits |

Access to your accounts

| Signatories | Online Banking | ATM | Night Deposit | Cheques |
|--|---|---|---|---|
| Will accounts be two to sign? <input type="checkbox"/> Yes <input type="checkbox"/> No | All Accounts will be set up with the two to sign restriction. | Access to the account(s) to deposit to the account using a debit card <input type="checkbox"/> Yes <input type="checkbox"/> No ATM cards will not be issued for withdrawals. | Expect to use night deposit facilities <input type="checkbox"/> Yes <input type="checkbox"/> No | Will need to order cheques <input type="checkbox"/> Yes <input type="checkbox"/> No |

CHECKLIST: HAVE YOU SUBMITTED THE FOLLOWING INFORMATION?

- ☐ Proof of Incorporation (E.g. Certificate of Incorporation)
- ☐ Articles of Incorporation
- ☐ Directors Registry - List of All Directors and Officers (include Name and Occupation)
- ☐ Corporate Share Structure (Central Securities Register)
- ☐ Trade Name Registration (where applicable)
- ☐ Confirmation of extra-provincial Registration (where applicable)
- ☐ \$100 cheque made payable to your organization's name
- ☐ Completed and signed Consent form for each director/signer (additional copies [here](#))
- ☐ Two pieces of copied ID for each director/signer (Make copies as necessary)