

## **Incorporated Societies and Co-operatives**

**Business Account Opening** 

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 Association, Group, Team or Club 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 information are available on our website at: EKCCU.COM

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

To open a **BC Registered Society or Co-operative** business account, the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

## 1) The following will be required:

- Proof of Incorporation (Eg. Certificate of Incorporation)
- Copy of Constitution and Bylaws
- Directors Registry
- List of All Directors
- Proof of Charity Registration (if applicable)

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

Legal Name of Society/ Co-operative:		-		
Business Address:  Mailing Civic City, Postal Code				
Business Phone Number:				
Web Site/Email Address:				
Are donations being solicited from the public:	O Yes	O No		
Canadian Registered Charity number (if applicable):				
Nature/Purpose of the Society:				
Primary Contact Name:				
Phone #:			Email:	

## Please provide us with the following personal information for each of the account signers; if more than three please add an additional form. Signer 1 Signer 2 Signer 3 Member # Legal Name: (Must match Primary ID) **First Name** Middle Name No Middle Name No Middle Name No Middle Name **Last Name Home Address:** Mailing Civic City, Postal Code Birth Date: (mm/dd/yyyy) **Contact Numbers: Home** Work/Cell **Email Address** Occupation: O Yes O No O Yes O No O Yes ONo **Online Banking Access?** Operating accounts that are most appropriate for your needs: Please indicate the account types required: Investments Chequing Saving ☐ Service Plus Account ■ Business Savings ☐ Term Deposits ☐ Strictly Business (operating account) **ElectroLink Business** ☐ Member Advantage Access to your accounts **Signatories Online Banking** ATM **Night Deposit** Cheques All account will be Will need to order All accounts Access to the account(s) to deposit to Expect to use will be set up set up with the the account using a debit card night deposit cheques with two to two to sign Yes facilities $\square$ Yes sign. restriction. Yes ∏No □No □No ATM cards will not be issued for withdrawals. CHECKLIST: HAVE YOU SUBMITTED THE FOLLOWING INFORMATION? Proof of Incorporation (E.g. Certificate of Incorporation) ☐ Copy of Constitution and Bylaws ☐ Directors Registry ☐ List of All Directors and Officers Charity Registration (if applicable) \$100 cheque made payable to your organization's name Completed and signed Consent form for each director/signer (additional copies <a href="here">here</a>) Two pieces of copied ID for each director/signer (Make copies as necessary) Forms completed in full