

# Business/Organization Account Checklist

Revised September 2015

**Business/Organization Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**NOTE: Check Membership Eligibility – May Require Business Affiliate**

## Sole Proprietorship (EIN or SSN)

Verification Of Employer Identification Number (EIN)/ Confirmation Letter		Verification Of Social Security Number (SSN)	
Registered Assumed Name Certificate-NC/ Fictitious Name-VA		Registered Assumed Name Certificate-NC/ Fictitious Name-VA	
Business License-SC		Business License-SC	

## Corporation, S-Corporation, Professional Corporation

Verification Of EIN/Confirmation Letter	
Verification Of Active Status With Secretary Of State	
Registered Articles Of Incorporation/Certificate Of Incorporation/Certificate Of Authority*	
Bylaws	
Letter From Secretary Stating Who Holds The Position Responsible For Depository Accounts	
Registered Assumed Name Certificate-If Applicable	
Tax Classification C=Corporation, S=S Corporation	
Franchise Agreement***/Business License-SC	

## Limited Liability Company, Professional LLC

Verification Of EIN/Confirmation Letter	
Verification Of Active Status With Secretary Of State	
Registered Articles Of Organization/Certificate Of Organization/Certificate Of Authority*	
Operating Agreement	
Letter From Managing Member Stating Who Holds The Position Responsible For Depository Accounts	
Registered Assumed Name Certificate-If Applicable	
Tax Classification C=Corp., S=S Corp., P= Partnership	
Franchise Agreement***/Business License-SC	

## General Partnership

Verification Of EIN/Confirmation Letter	
Registered Assumed Name Certificate-NC/ Fictitious Name-VA	
Partnership Agreement	
Letter From Person Of Authority Stating Who Holds The Position Responsible For Depository Accounts	
Franchise Agreement***/Business License-SC	

## Limited Liability Partnership, Limited Partnership

Verification Of EIN/Confirmation Letter	
Verification Of Active Status With Secretary Of State	
Certificate Of Limited Partnership/ Certificate Of Authority*	
Partnership Agreement	
Letter From Managing Member Stating Who Holds The Position Responsible For Depository Accounts	
Registered Assumed Name Certificate (If applicable)-NC/ Fictitious Name-VA	
Franchise Agreement***/Business License-SC	

## Organization–Political Campaign

Registered Assumed Name Certificate-NC/ Fictitious Name-VA	
Notice Of Candidacy	

## Organization–Scout Groups (i.e. Cub Scout)

Verification Of EIN/Confirmation Letter	
Letter From The Secretary Or Scout Master Authorizing The Account And Persons With Signature Authority	
Bylaws	

## Organization–Parent Teacher Organization

Letter From The Principal Authorizing Account And Persons With Signature Authority (EIN To Be Included In Letter)	
Bylaws	

## Organization–Military Unit\*\*

Letter From Commanding Officer Authorizing Account And Persons With Signature Authority (EIN To Be Included In Letter)	
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## Organization–Recreation/Club\*\*

Verification Of EIN/Confirmation Letter	
Registered Assumed Name Certificate-NC/ Fictitious Name-VA	
Recent Meeting Minutes Authorizing The Account And Person(s) With Signature Authority	
Business License-SC (If Applicable****)	
Bylaws	

## Organization–Association , Religious, Charitable, Educational, Tax Exempt\*\*

Verification Of EIN/Confirmation Letter	
Registered Assumed Name Certificate-NC/ Fictitious Name-VA	
Letter From The Secretary Authorizing The Account And Persons With Signature Authority	
Business License-SC (If Applicable****)	
Bylaws	

## Organization–Memorial Fund

Verification Of EIN/Confirmation Letter	
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## Symitar Account Maintenance Performed (X or N/A)

Correct Savings/Checking Selected	
Business Form Packet Completed And Submitted	
Original Forms And Supporting Documents Sent To Business Services	
Welcome Letter Business Accounts (Available From Teller Transaction Screen In Symitar)	

\*Required if registered in a state other than where business is conducted

\*\*Required if the organization is incorporated, follow corporation section

\*\*\* Required if part of a franchise

\*\*\*\*Required if for profit

**Branch Manager Approval:** \_\_\_\_\_

**Teller ID/Initials:** \_\_\_\_\_ **Business Services Rep. Initials:** \_\_\_\_\_