

Business/Organization Account Checklist

Business/Organization Name: _____ Account Number: _____

NOTE: Check Membership Eligibility—May Require Business Affiliate

Symitar Account Maintenance Performed (X or N/A)

Certification of Beneficial Ownership Form Completed	Original forms and supporting documents sent to Optical
Correct Savings/Checking Selected	Welcome Letter Business Accounts <i>(Teller Transaction in Symitar)</i>

Sole Proprietorship (EIN or SSN)

Verification of Employer Identification Number (EIN), Confirmation Letter or Verification of SSN	
Registered Assumed Name Certificate-NC/Fictitious Name-VA	
Business License-SC	

Registered Assumed Name Certificate (If applicable)-NC/Fictitious Name-VA	
Franchise Agreement***/Business License-SC	

Corp., S-Corp., Professional Corp.

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	

Organization—Political Campaign

Verification of EIN/Confirmation Letter	
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 <i>(EIN to be included in letter)</i>	
Bylaws	

Limited Liability Company, Professional Limited Liability Company Authorization Resolution

Verification of EIN/Confirmation Letter <i>(in rare occasions SNN could be used)</i>	
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 <i>(Needed for LLC with DBA)</i>	
Tax Classification C=Corp., S=S Corp., P=Partnership, Sole Prop.	
Franchise Agreement***/Business License-SC	

Organization—Military Unit**

Letter from Commanding Officer authorizing account and persons with signature authority <i>(EIN to be included in letter)</i>	
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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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General Partnership

Verification of EIN/Confirmation Letter	
Registered Assumed Name Certificate-NC/Fictitious Name-VA	
Partnership Resolution Authority	
Verification of active status	
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, Partnership Resolution of Authority

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	

*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