

# BUSINESS CHANGES CHECKLIST – CORPORATIONS, LLCs, PARTNERSHIPS

Help us process your changes and requests faster by providing a few things to get started:

- Print, complete, and sign a Business Changes - Corporations, LLCs, Partnerships form located on [becu.org](http://becu.org)
- Return the completed form to one of the following:
  - In person to any BECU location
  - Fax to 206.805.5612
  - Mail to:
    - BECU
    - MS 1094-2
    - Attn: Account Servicing
    - PO Box 97050
    - Seattle, WA 98124

## TO CHANGE YOUR BUSINESS ADDRESS, PHONE NUMBER, AND/OR EMAIL:

- Complete sections 1, 2, and 8 of the Business Changes - Corporations, LLCs, Partnerships form
- Any one Authorized Signer must complete and sign section 8

## TO ADD OR REMOVE AGENTS:

- Reminder:** Agents may access information on all business deposit and loan accounts in person, through online banking, or by calling BECU, and may perform transfers between all deposit accounts within the same business. See Business Account Agreements for responsibilities, restrictions, and limitations on Agents.
- Complete sections 1, 3, and 8 of the Business Changes - Corporations, LLCs, Partnerships form
  - Any one Authorized Signer must complete and sign section 8
    - An Agent may complete and sign section 8 if the Agent is requesting to remove themselves

## TO ADD OR REMOVE NON-AUTHORIZED AGENTS:

- Reminder:** Non-Authorized Agents may access information on all business deposit accounts in person or by calling BECU. See Business Account Agreements for responsibilities, restrictions, and limitations on Non-Authorized Agents.
- Complete sections 1, 4, and 8 on the of the Business Changes - Corporations, LLCs, Partnerships form
  - Any one Authorized Signer must complete and sign section 8
    - A Non-Authorized Agent may complete and sign section 8 if the Non-Authorized Agent is requesting to remove themselves

## TO CLOSE BECU DEPOSIT ACCOUNTS:

- Complete sections 1, 5, and 8 of the Business Changes - Corporations, LLCs, Partnerships form
- Any one Authorized Signer must complete and sign section 8

# BUSINESS MEMBERSHIP & DEPOSIT ACCOUNT ROLES - CORPORATIONS, LLCs, PARTNERSHIPS

When you apply for a business membership and open checking, savings, money market, and/or CD accounts with BECU, you specify what individuals in your organization are authorized to do (their role) within the accounts. Unless you designate an individual as an Account-Only Authorized Signer, the authority you specify for an individual will apply to all deposit accounts.

## Summary of Roles (see Business Account Agreements for more information):

### 1. Authorized Signer:

**Best if:** You want the individual to have authority to act on behalf of the business and to transact on all of your business accounts. The individual will have the authority to:

- » Change business address and phone number
- » Add or remove Agents or Non-Authorized Agents
- » Open or close deposit accounts or services
- » View or access information on all business accounts through ATMs, telephone, in person, or online banking, including viewing eStatements
- » Perform transactions on all business accounts, including withdrawals, transfers, bill pay, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

### 2. Agent

**Best if:** You want the individual to be able to view information about all of your business accounts and have limited transaction authority on all the accounts. The individual **will not** have the authority to act on behalf of the business. The individual will have the authority to:

- » View or access information on all of your business accounts through telephone, in person, or online banking (except for LLCs using an SSN)
- » Perform transfers between all accounts within the same business

Federally insured by NCUA.  
BECU 697 10/2022

800-233-2328  
[becu.org](http://becu.org)

### 3. Non-Authorized Agent

**Best if:** You want the individual to be able to view information about all of your business accounts. The individual will not have the authority to act or transact on behalf of the business and the accounts. The individual will have the authority to:

- » View or access information on all of your business accounts through telephone, in person or online banking (except for LLCs using an SSN)

### 4. Account-Only Authorized Signer:

**Best if:** You want the individual to have authority to transact only on a specific account. The individual will have the authority to:

- » View or access information about the specific business account through ATM, telephone, or in person
- » Perform transactions on that specific account including withdrawals, transfers, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

**NOTE: An Account-Only Authorized Signer cannot use online banking to view information about the account or perform transactions.**

### 5. Only Owners or the Control Person can:

- » Change the business name
- » Add or remove Authorized Signer

# BUSINESS CHANGES - CORPORATIONS, LLCs, PARTNERSHIPS



If you have any questions, please contact Boeing Employees' Credit Union at 800-233-2328.

- To change business address, phone number, and/or email, complete sections 1, 2, and 8.
- To add or remove Agents, complete sections 1, 3, and 8.
- To add or remove Non-Authorized Agents, complete sections 1, 4, and 8.
- To close an account, complete sections 1, 5, and 8.
- To open accounts closed due to fraud, complete sections 1, 5, 6, 7, and 8.

1. Business Information	
BUSINESS NAME (DBA, if applicable)	FEDERAL TAX ID NUMBER <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN

2. Change Address, Phone Number, and/or Email		
NEW BUSINESS LOCATION / STREET ADDRESS	CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
NEW MAILING ADDRESS (if different from above)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
NEW BUSINESS PHONE	NEW EMAIL ADDRESS (optional)*	
*By providing your email address, you agree that BECU may electronically send you marketing information about our products and services.		

3. Add or Remove Agents				
Agents have no authority to act on behalf of the business. Agents may access information on all business accounts in person, in Online Banking, or by calling BECU, and may perform transfers between all accounts within the same business. Identification and address are required for authentication purposes.				
<b>NAME (1)</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS			CITY	
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
<b>NAME (2)</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS			CITY	
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	

Continued on the next page.

#### 4. Add or Remove Non-Authorized Agents

Non-Authorized Agents have no authority to act on behalf of the business and no transaction authority on the business accounts. Non-Authorized Agents may only access information on all your business accounts in person, in Online Banking, or by calling BECU. Identification and address are required for authentication purposes.

<b>NAME (1)</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
<b>NAME (2)</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	

#### 5. Close BECU Deposit Account(s)

This request will:

1. Cancel all ATM/debit cards assigned to this account.
2. Suspend your line of credit for the associated checking account.
3. NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility to cancel such transactions.)
4. Result in any items presented after the closure date to be dishonored and returned.
5. Deduct the penalty from your total withdrawal if a CD account is selected for closure or early redemption.

#### Indicate deposit account number(s)

ACCOUNT NUMBER(S)	CLOSURE DATE
-------------------	--------------

#### Indicate disbursement of balance

<input type="checkbox"/> Transfer balance to my BECU account	ACCOUNT NUMBER		
<input type="checkbox"/> Issue check <input type="checkbox"/> Mail to address below			
STREET ADDRESS		CITY	
STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY

#### Indicate reason for closure

- Competitor rates     Products and services selection     Fees     Fraud / Compromise     Moving / Relocating  
 Inconvenient access     Member service     Deceased     Other (please explain):

#### 6. Open new Deposit Products and Services (only if previous accounts were closed due to fraud)

This section can only be used to open accounts if prior accounts were closed due to fraud. Please refer to the BECU Business Account Disclosure for rates and fee schedule. Visit [becu.org](http://becu.org) for additional information about our products and services.

ACCOUNT (1)
<input type="checkbox"/> Business Member Share Savings (Select this option if your previous Business Member Share Savings account was closed due to fraud.)
ACCOUNT (2)
<input type="checkbox"/> Business Basic Checking <input type="checkbox"/> Business Interest Checking <input type="checkbox"/> Business Money Market Account <input type="checkbox"/> Business Savings
ACCOUNT (3)
<input type="checkbox"/> Business Basic Checking <input type="checkbox"/> Business Interest Checking <input type="checkbox"/> Business Money Market Account <input type="checkbox"/> Business Savings
ACCOUNT (4)
<input type="checkbox"/> Business Basic Checking <input type="checkbox"/> Business Interest Checking <input type="checkbox"/> Business Money Market Account <input type="checkbox"/> Business Savings

**7. Select ATM / Debit Cards for Authorized Signers (only if previous accounts were closed due to fraud)**

This section can only be used to open accounts if prior accounts were closed due to fraud. Use this section to select deposit account card types for Authorized Signers. **Note:** Selecting cards for Authorized Signers is optional.

AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card

**8. Agreements and Signatures**

By signing below, the person(s) who completes this form ("You") certifies that You are authorized to request the above changes on behalf of the business and are authorized to take all other actions and steps reasonable or necessary to do so and deliver any instruments or agreements, as necessary to BECU. You acknowledge and agree that the information You provided is accurate, complete, and true and we may rely on the information in our dealings with You, now and in the future. You have reviewed and will retain for Your records the BECU Business Account Disclosure and Business Account Agreements, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure and You acknowledge their receipt and agree to their terms.

<b>NAME OF INDIVIDUAL COMPLETING THIS FORM</b>	<b>SIGNATURE</b>	
TITLE		DATE

<b>BECU Use Only</b>	NEW SAVINGS NUMBER	NEW CHECKING NUMBER	DATE	REP INITIALS
	<input type="checkbox"/> IDV verified <input type="checkbox"/> QualiFile® (on Authorized Signers)			