

## Clearview® Federal Credit Union - Your Full-Service Financial Institution!

Switching to a Clearview Checking account is just the beginning. We offer a variety of other products and services that can help you make the most of your money, such as:

- Clearview Money Market Accounts
- IRA Accounts
- Christmas Club and Vacation Club Accounts
- Youth Accounts
- Certificates
- Automobile, Vacation, Consolidation, Signature and Holiday loans
- FFEL Student Loans
- Real Estate Loans
- Low-rate VISA credit cards
- Business Deposits, Loans and Services
- BALANCE - a FREE financial counseling and fitness program
- MEMBERS Financial Services - a FREE financial management and consulting service

For more information about our Switch Kit or any other products and services, call us today at **1-800-926-0003** or **(412) 269-3011**.



**Clearview Federal Credit Union:**  
8805 University Blvd.  
Moon Township, PA 15108

**1-800-926-0003**

[www.clearviewfcu.org](http://www.clearviewfcu.org)



# Switch Kit

*An easy way to switch to a new checking account!*



*Discover what simple, no-hassle checking is all about!*



## Switch to a better checking account!

Make the transition to a new checking account with our Switch Kit - a fast, simple transfer process! In just a few steps you can be set up in a brand new checking account at Clearview® Federal Credit Union. It's easy!



Choose from our Free Checking, Signature Checking, Advantage 50 Checking or Campus Checking accounts. Each account offers numerous features and benefits that will save you time and money. Learn more about each of our accounts by visiting [www.clearviewfcu.org](http://www.clearviewfcu.org).

### Switch Kit - A smart move!

Making the switch to a Clearview Checking account provides you convenient checking without all the hassles. Our checking accounts let you manage all your finances while enjoying many added features and benefits such as:

- Free Clearview Debit Card, which includes free and unlimited Clearview ATM transactions, MasterCard® debit and Point of Sale Purchases
- 8 free transactions per month at non-Clearview owned ATMs<sup>1</sup>
- Access to thousands of nationwide surcharge-free ATMs<sup>1</sup>
- Free Online Banking (PCU)
- Free Online Bill Payment (PCU BillPayer)<sup>2</sup>
- Overdraft Protection Transfers
- Special loan rate discounts
- Free Medallion Signature Guarantee
- Free Signature Notary Service

- 1 \$1.00 charge for each transaction after the indicated free allowed per month (includes inquiries, withdrawals, transfers and deposits). Surcharges by other financial institutions may apply.
- 2 A monthly fee of \$4.95 will be charged if no payment is made on a BillPayer account for 90 days.

Experience the difference of a Clearview Checking account. Read on to see how easy it is to switch!

### Switching your accounts.

Just follow these three easy steps and complete the enclosed forms to make the switch to your new Checking account:

- 1. Open a Clearview Checking account.** Complete the Clearview Checking Account Application located on the next panel and mail it to Clearview, Attention: Checking Department, 8805 University Blvd., Moon Township, PA 15108-2580.
- 2. Submit Direct Deposit & Automatic Payment Change Notice(s).** Complete and submit these forms to any company or organization who is automatically depositing funds to or taking payments from your existing checking account. Extra copies can be made if you need them.  
**Note: After all your automatic transfers have stopped you can then move on to step 3.**
- 3. Complete a Checking Account Closure Notice.** Once your direct deposit and/or pre-authorized payments have been transferred to your Clearview Checking account, verify that all your old checks have cleared from your previous checking account. If all of your checks have cleared, complete and mail the Checking Account Closure Notice form to your previous financial institution.

### Questions?

For questions about switching your checking account, call Clearview at 1-800-926-0003 or (412) 269-3011. Or, visit our Web site at [www.clearviewfcu.org](http://www.clearviewfcu.org).

## Clearview Checking Account Application

### Member Information

Member Name	Account Number
Date of Birth	Social Security Number
Driver's License Number	State
Mailing Address	
City/State/Zip	
Home Phone	<input type="checkbox"/> Print Phone # on Checks    Work Phone
E-Mail Address	
Joint Owner Name (if applicable)	
Date of Birth	Social Security Number
Driver's License Number	State
Address/City/State/Zip (Complete only if address is different from Member's address)	

### Checking Account Options

Free Checking     Signature Checking     Advantage 50 Checking  
 Clearview At Work Checking     Campus Checking     Other \_\_\_\_\_

### Clearview Debit/ATM PIN Number(s)

#### Issue card(s) with the following number(s):

Member PIN     Joint Owner PIN

### Overdraft Protection Options

In the event of an overdraft, transfer funds from these accounts with #1 being my first choice, #2 my second, etc. (fees may apply).

# \_\_\_ PowerLine<sup>1</sup>    # \_\_\_ Equity Plus HELOC<sup>1</sup>  
 # \_\_\_ Savings    # \_\_\_ Members Choice    # \_\_\_ Money Market

<sup>1</sup> Prior to choosing this option, you must apply for a PowerLine Line of Credit or EquityPlus HELOC.

**Please complete employment information if applying for PowerLine Line of Credit:**

Employer Name \_\_\_\_\_ Years on Job \_\_\_\_\_  
 Address \_\_\_\_\_  
 Gross Annual Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_  
 Source of Other Income \_\_\_\_\_  
 Monthly Mortgage/Rent Payment \$ \_\_\_\_\_ Monthly Child Support \$ \_\_\_\_\_

### Signatures

Member X \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner X \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate & Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we understand that any joint owner or individual I authorize to use my password may withdraw or transfer funds from my account.

### For Office Use Only

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Checking Acct # \_\_\_\_\_  
 ChexSystems verified:  Primary  Joint  N/A ----- OFAC verified:  Primary  Joint  N/A  
 Acceptable Photo ID verified for (1) Member (2) Joint Owner  
 (1) Type \_\_\_\_\_ ID # \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 (2) Type \_\_\_\_\_ ID # \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Ref Code \_\_\_\_\_



### Direct Deposit Change Notice

Please accept this as authorization to redirect my automatic direct deposit from:

\_\_\_\_\_  
Name of Current Financial Institution

Redirect to my new Checking Account at:

**Clearview® Federal Credit Union**  
8805 University Boulevard  
Moon Township, PA 15108-2580  
Phone: 1-800-926-0003  
**Routing/ABA #: 2 4 3 0 8 3 2 3 7**

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Daytime Telephone Number

I authorize this change in my Direct Deposit with an intended start date of \_\_\_\_\_

**X**\_\_\_\_\_  
Signature Date

Complete and submit this form, **along with a voided check or voided deposit slip** to the company that sends your Payroll Direct Deposit or Automatic Credit (Employer, Social Security, Investment Company Child Support, etc.).



### Automatic Payment Change Notice

Please accept this as authorization to redirect future automatic payment withdrawals to my new checking account at Clearview FCU:

**Clearview® Federal Credit Union**  
8805 University Boulevard  
Moon Township, PA 15108-2580  
Phone: 1-800-926-0003

**Routing/ABA #: 2 4 3 0 8 3 2 3 7**

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
Name of Company making withdrawal (utility, mortgage, investment, etc)

\_\_\_\_\_  
Account/Customer #

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Daytime Telephone Number

I authorize this change in my automatic withdrawal with an intended start date of \_\_\_\_\_

**X**\_\_\_\_\_  
Signature Date

Complete and submit this form, **along with a voided check or voided deposit slip** to the company that receives your Automatic Payment (Utility, Mortgage, Investment, Health Club, etc.).



### Checking Account Closure Notice

Please accept this as authorization to close my checking account at:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Account #

and mail the remaining balance, to my new checking account at Clearview FCU:

**Clearview® Federal Credit Union**  
8805 University Boulevard  
Moon Township, PA 15108-2580  
Phone: 1-800-926-0003

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Daytime Telephone Number

I authorize the closing of my checking account. All my checks have cleared the account to be closed and all direct deposits and/or automatic payment withdrawals have been stopped.

**X**\_\_\_\_\_  
Signature Date

Complete and submit this form to the Financial Institution closing your account.