



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 _____ 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 Advantage 50 Clearview At Work Campus 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).

#___ PowerLine¹ #___ EquityPlus HELOC¹ #___ Savings #___ Member's Choice #___ Money Market

1. Prior to choosing this option, you must apply for a PowerLine Line of Credit or an 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 _____