

Clearview Federal Credit Union 8805 University Boulevard Moon Township, PA 15108

Business Membership Application

An initial deposit of \$10 must accompany this application unless a recurring savings deposit has been initiated.

Account Number (Staff Only)	Personal Account Numb	er (Sole Prop and Sir	ngle Member	Member LLC only) Security ID Number (4-Digits)		
Legal Name of Business					SSN/EIN	
Business Address		Business Phone			Cell Phone	
City State	Zip Code	Business Email Ad	ldress			
Business Structure Proprietorship Partnership Corporation Organization/Association Estate	☐ Limited Liability Corp/Co	omp. Non Profit	Nature of B	usiness		Years in Existence
Authorized Signer 1 First Middle Initia	l Last	SSN			Date of Birth	
Address		Home Phone			Cell Phone	
City State	Zip Code	Email Address				
Driver's License # State Issued Issue Da	ate Exp. Date	Employer	0	ccupation	Work	Phone
Authorized Signer 2 First Middle Initia	l Last	SSN			Date of Birth	
Address		Home Phone			Cell Phone	
City State	Zip Code	Email Address				
Driver's License # State Issued Issue Da	ate Exp. Date	Employer	0	ccupation	Work	Phone
How did you learn about Clearview?	Referral 🗌 TV Ad	☐ Direct Mail☐ Indirect Loan☐ Real Estate Loan		nity Event w On-Site V		ebsite working Event
Estimated Monthly Deposit Averages How Much How O	ften	Estimated Monthl	•	l Averages	How Often	
Cash \$ #		Cash	\$	#		
Domestic wires \$ #		Domestic wires	\$	#		
ACH \$ #		ACH	\$	#		
Is this a Money Service type business?]Yes			
Does this business own or operate ATM machines?]Yes				
Will this business cash checks for clients?]Yes				
Will this business sell or redeem money orders, stored value cards, or traveler checks from clients?						
Will this business transmit money for clients? For example: Western Union or Money Gram, etc.						
Does this business involve Internet Gambling						



Membership Application

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I would also like to apply for...

☐ Checking Account		Additional Savings Account(s)				
☐ Basic Business	Business Dividend	☐ Certificates				
☐ Business Plus	☐ Business Dividend Plus	_				
☐ IOLTA	☐ Analysis Checking					
Sweep		☐ Money Market				
		Money Market Checks Yes No				
Check Options available to order at <u>ordermychecks.com</u>						
Additional Solutions		I am also interested in:				
☐ Debit Card Authoriz	zed Signer 1	☐ Business Term Loans				
Authorized Signer 2		☐ Commercial Real Estate Loans				
		☐ Business Line of Credit				
☐ Online Banking		Other				
☐ eStatements						
☐ Video Banking PIN						
j						
TIN Certification and Backup Withholding Information By signing below, under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding as a result of a failure to report all interest dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. persons (including a U.S. resident alien). Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.						
Signatures						
I/We hereby make application for membership to Clearview Federal Credit Union. I/We agree to conform to its bylaws and amendments thereof, copies of which have been made available to me, and to subscribe for at least one (1) share. Clearview FCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account and all sub-accounts. I/We promise that everything stated above is correct. I/We authorize Clearview FCU to check my/our employment and credit history and to obtain credit reports in connection with my/our request for membership and/or credit and for any update, renewal or extension of credit received. I/We understand that Clearview FCU will relay on the information above and in my/our credit reports. If there are any important changes, I/We will notify Clearview FCU of any change in name, address, or employment within a reasonable time thereafter. By signing this application I/We acknowledge receipt of a copy of the Membership Account Agreement, Funds Availability Disclosure, Electronic fund disclosure, Truth in Savings Rate and Fee Schedule. By signing this application I/We agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected and any amendments Clearview FCU makes from time to time which are incorporated herein. The internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.						
X		X				
Authorized Signer 1	Date	Authorized Signer 2 Date	е			
For Credit Union Use Only						
Application Received	n 🗌 Mail/Fax 🗎 Online	Opened by Date				
Comments:						