Clearview Business

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 Number (Sole Prop and Single 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 Address

Business Structure	Nature of Business	Years in Existence
☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corp/Comp. ☐ Non Profit ☐ Organization/Association ☐ Estate		

Authorized Signer 1 First	Middle Initial	Last	SSN	Date of Birth

Address	Home Phone	Cell Phone

City	State	Zip Code	Email Address

Driver's License #	State Issued	Issue Date	Exp. Date	Employer	Occupation	Work Phone

Authorized Signer 2 First	Middle Initial	Last	SSN	Date of Birth

Address	Home Phone	Cell Phone

City	State	Zip Code	Email Address

Driver's License #	State Issued	Issue Date	Exp. Date	Employer	Occupation	Work Phone

How did you learn about Clearview?
☐ Member Referral ☐ Newspaper Ad ☐ Direct Mail ☐ Location ☐ Clearview Website
☐ Employee Referral ☐ TV Ad ☐ Indirect Loan ☐ Community Event ☐ Business Networking Event
☐ Existing Member ☐ Radio Ad ☐ Real Estate Loan ☐ Clearview On-Site Visit

Estimated Monthly Deposit Averages

	How Much	How Often
Cash	$	#
Domestic wires	$	#
Foreign wires	$	#
ACH	$	#

Estimated Monthly Withdrawal Averages

	How Much	How Often
Cash	$	#
Domestic wires	$	#
ACH	$	#

Is this a Money Service type business?	☐ Yes ☐ No
Does this business own or operate ATM machines?	☐ Yes ☐ No
Will this business cash checks for clients?	☐ Yes ☐ No
Will this business sell or redeem money orders, stored value cards, or traveler checks from clients?	☐ Yes ☐ No
Will this business transmit money for clients? For example: Western Union or Money Gram, etc.	☐ Yes ☐ No
Does this business involve Internet Gambling	☐ Yes ☐ No

Need assistance? Contact the Clearview Business team at 1-800-926-0003 ext. 23659, connect with Clearview Live®, or find your nearest location at clearviewfcu.org/locations.

Clearview Business

Membership Application
Account Number (Staff Only)

I would also like to apply for...

☐ Checking Account

- ☐ Basic Business
- ☐ Business Plus
- ☐ IOLTA
- ☐ Sweep
- ☐ Business Dividend
- ☐ Business Dividend Plus
- ☐ Analysis Checking

Check Options available to order at ordermychecks.com

☐ Additional Savings Account(s)

- ☐ Certificates

☐ Money Market

Money Market Checks ☐ Yes ☐ No

☐ Additional Solutions

- ☐ Debit Card — Authorized Signer 1 _____ Authorized Signer 2 _____
- ☐ Online Banking
- ☐ eStatements
- ☐ Video Banking — PIN ☐☐☐☐

I am also interested in:

- ☐ Business Term Loans
- ☐ Commercial Real Estate Loans
- ☐ Business Line of Credit
- ☐ Treasury Management
- ☐ Other _____

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 _____ Authorized Signer 1 Date

X _____ Authorized Signer 2 Date

For Credit Union Use Only

Application Received ☐ In Person ☐ Mail/Fax ☐ Online Opened by _____ Date _____

Comments:

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