



# Membership Application and Agreement

Your dreams. Our mission.  
Call **(800) 433-7328** for more information

## 3 Easy Steps To Membership

1. Complete application/agreement in blue or black ink or complete online @ [www.clearpathfcu.org](http://www.clearpathfcu.org)
2. Choose a funding option (see below)
3. Mail back along with photocopy of valid U.S. Government issued ID for all potential members (Required by US Patriot Act)

### Member Information

First Name (PRINT)	Middle	Last Name	Social Security No./ITIN	
Address		City	State	Zip
Home Phone ( )	Work Phone ( )	Mobile Phone ( )	Date of Birth	Mother's Maiden Name
Driver's License/I.D. No./U.S. Passport	State/Issue Place	Expiration	Date Issued	E-mail Address
Employer	City/State	Occupation/Job Title	Date Hired	Gross Income <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

### Joint Owner Information

First Name (PRINT)	Middle	Last Name	Social Security No./ITIN	
Address <input type="checkbox"/> Same as Above		City	State	Zip
Home Phone ( )	Work Phone ( )	Mobile Phone ( )	Date of Birth	Mother's Maiden Name
Driver's License/I.D. No./U.S. Passport	State/Issue Place	Expiration	Date Issued	E-mail Address
Employer	City/State	Occupation/Job Title	Date Hired	Gross Income <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

### Eligibility Requirements

I declare, under penalty of perjury, that I am eligible for Clearpath membership because I am a/an:

- Employee of an eligible Select Employer Group (SEG) Please list: \_\_\_\_\_
- Family or household member of Please list employee name and relationship: \_\_\_\_\_
- Member of an eligible Association or Organization Please list group name: \_\_\_\_\_

### Choose Your Accounts

Mark an 'X' next to the account(s) you wish to open. Note: \$1.00 in Member Share required to establish and maintain membership. Average daily balance of \$100 minimum or an active checking waives monthly Service Fee.

- Member Share (Savings)  Free Checking  eChecking  Other \_\_\_\_\_

### Overdraft Option (Checking Accounts only)

- I want Clearpath Federal Credit Union to authorize and pay overdrafts on my ATM and everyday non-recurring debit transactions

### Funding Options

To place your initial deposit into your account, select one of the following options:

**OUR ROUTING # 3220-78998**

- Direct Deposit (Please initiate through your payroll department. Ralphs and Food4Less employees may use HR Express once your Clearpath account number is received.)
- Deposit \$ \_\_\_\_\_ by  Check (enclosed)  Cashiers Check (enclosed)  Money Order (enclosed)  Wire Transfer  ACH  Credit Card

### Disclosures

Acknowledgement of receipt of Disclosures: By signing below, I acknowledge I have received a copy of Clearpath Federal Credit Union's Account Agreement and Truth-in-Savings Disclosure, Account Overview and Additional Services (Fee Disclosure), Electronic Funds Transfer Disclosure (if applicable) and I have received a copy of the current Deposit Rates Disclosure.

I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto. I understand any new account information will be verified. I authorize the Credit Union to obtain credit reports in connection with current and future credit or service, or product opportunities. I verify all information contained on this application is true and correct.

Your faxed signature on any document you submit to Clearpath Federal Credit Union has the same legal effect as your original signature.

I agree to authorize wire transfers on this account by verbal or fax communication in accordance with the Account Agreement.

Request for Taxpayer Identification Number (Form W-9): Under penalties of perjury, I certify the taxpayer identification number provided is correct and, unless this box is checked  I am NOT subject to backup withholding under Section 3406(a)(1)(c) of the IRS Code, and I/we am/are a U.S. Person. The Internal Revenue Service (IRS) does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

>Are you or joint owner a senior foreign political figure or close associate of a foreign political figure?  Yes  No Are you a U.S. Person:  Yes  No

>Do you or joint owner anticipate foreign wire transfer activity on accounts associated with this membership?  Yes  No Joint Owner is a U.S. Person:  Yes  No

### Signatures

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Member Signature Date Joint Owner Signature Date

### This Section is for Credit Union use only

Account # \_\_\_\_\_  New  Revised Due To  Add/Delete Joint  Update Signature Card  OFAC | Address Verification | \_\_\_\_\_  
Opening Date: \_\_\_\_\_ Limitations: \_\_\_\_\_  
Qualific CR FRK Approved by: \_\_\_\_\_ ID Comment: \_\_\_\_\_ Processed by: Teller # \_\_\_\_\_ Branch # \_\_\_\_\_



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340 Arden Avenue - Glendale, CA 91203 - 800-433-7328 - 818-937-5329 - www.clearpathfcu.org

## New Member Questionnaire

Federal regulations require us to know specific information regarding our members and their banking behaviors. These questions will also allow us to get to know you a little better and recommend the appropriate products to fit your banking needs. Please answer to the best of your knowledge. (Circle best response or fill in answer if required)

**Member Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

1. Is this account for personal or business purposes? (1) Personal (2) Business
2. Will Clearpath be your primary Financial Institution? (1) Yes (2) No
3. What will be the primary source of deposits to your account?  
 (1) Direct Deposit/Paychecks (2) Cash (3) Wire (4) Other \_\_\_\_\_
4. What is your occupation or business type? \_\_\_\_\_
5. How many transactions do you typically do in the branch? \_\_\_\_\_ per month
6. Do you anticipate Wire, ATM, or ACH activity from outside of the U.S?  
 (1) Yes (please circle which type above) (2) No
- 6a. If answering "Yes" to #6, please list to/from which country(ies) on line below  
 \_\_\_\_\_
7. Are you an employee/contractor/supplier of Clearpath FCU?  
 (1) Yes (please circle which type above) (2) No

Thank you for joining Clearpath FCU. Please sign below acknowledging the responses above are correct to the best of your knowledge.

\_\_\_\_\_  
 Primary Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Joint Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 This Section is for Credit Union Use Only:

Processed By: \_\_\_\_\_  
 Initials/ User #/ Branch

Date Processed: \_\_\_\_\_