

Select Employer Group (SEG) Information Sheet

Legal Name of Business/Organization					Date Established (MM/DD/YY)	
Section 1: Purpose						
Establish New Relationship			ization Contacts	tion Contacts 🛛 🗆 Terminate Relationship		
Section 2: Entity Type (for new requests or updates only)						
Sole Proprietorship			Not-for-Profit Organization			
Partnership Church or other religious org			organization	janization		
Corporation Unincorporated society or a			or association	ssociation		
□ Limited Liability Company □ Other (specifiy)						
Section 3: Organization Information (for new requests or updates only)						
DBA Name (If applicable)				# of Locatio	# of Locations	
Physical Address of Business: Street City				State	Zip Code	
Mailing Address of Business: Street City (If different from above address)					Zip Code	
General E-mail Address Website Add			ite Address			
# of Employees/Members Busine	Business Phone No.			Alternative	Alternative Phone No.	
Section 4: Contact Information						
Primary Contact First Name MI	Last Name		Suffix	Title		
Office Phone No.	Mobile Phone No.		E-mail address			
Additional Contact						
First Name MI	Last Name		Suffix	Title		
Office Phone No.	Mobile Phone No.		E-mail address			

Signature	Date	Contact Phone No.			
MAIL COMPLETED FORMS TO RIVERVIEW CREDIT UNION, PO BOX 441, BELPRE OH 45714					
OR VIA EMAIL TO MARKETING@RIVERVIEWCU.COM					