



Finger Lakes Health Care
FEDERAL CREDIT UNION

Membership Agreement and Application

Member Application and Ownership Information

Name: _____ DOB: _____ SSN: _____

Physical Address: _____
(Please include entire street address, city, state and ZIP)

Mailing Address: _____
(If different than above)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: **AOMC** Department #: _____ Work Phone #/Extension: _____

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (social security number)*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a US Person (including US 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 all interest and dividends on your tax return. Cross out (3) and complete a W-8 BEN if you are not a US person.

Authorization

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. ***The IRS does not require your consent to any provision of this document other than the certifications to avoid backup withholding.***

(Signature)

(Date)

Joint Owner Information (if applicable)

***If requesting a joint account, the joint owner should complete and sign this section:*

Name: _____ DOB: _____ SSN: _____

Physical Address: _____

(Please include entire street address, city, state and ZIP)

Mailing Address: _____

(If different than above)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Department #: _____ Work Phone #: _____

(Joint Signature)

(Date)

Beneficiary Information

Beneficiary Name: _____ DOB: _____

Mailing Address: _____

(Please include entire street address, city, state and ZIP)

(Signature)

(Date)