



Finger Lakes Health Care

FEDERAL CREDIT UNION

# Membership Agreement and Application

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

I(we) hereby request that the following account(s) be opened as listed below: \_\_\_\_\_ Share \_\_\_\_\_ Share Draft

Account # \_\_\_\_\_

## Membership 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: \_\_\_\_\_ Department #: \_\_\_\_\_ Work Phone #/Extension: \_\_\_\_\_

How are you eligible to join?: \_\_\_\_\_

## **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)

OFAC: \_\_\_\_\_

Approved by: \_\_\_\_\_

Denial Reason: \_\_\_\_\_

**Joint Owner Information (if applicable)**

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

Name2: \_\_\_\_\_ 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)*

Name3: \_\_\_\_\_ 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**

(cannot be a signer on the account)

Beneficiary Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Please include entire street address, city, state and ZIP)

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*