

HRCCU MEMBERSHIP APPLICATION, ACCOUNT CARD AND JOINT ACCOUNT DISCLOSURE NOTICE

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*

Share/Savings _____

Suffix*

Share Draft/Checking _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION FORM AND OWNERSHIP INFORMATION

Member/Owner _____ Member No. _____

Mailing Address _____

City/State/Zip _____ Home Phone _____

Physical Address _____ Cell Phone _____

City/State/Zip _____ Work Phone _____

SSN/TIN/EIN _____ Driver's License _____

E-mail _____ Other ID _____

Audio Response Access (Check One): YES NO Date of Birth _____

Mother's Maiden Name _____ Employer _____

Membership Eligibility _____

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.

(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 Internal Revenue Service (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 U.S. person (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 all 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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Hudson River Community Credit Union (HRCCU) Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and the Joint Account Disclosure Notice, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Savings Agreement. I/We agree that HRCCU can obtain a credit report on my/our behalf for approval on their products/services and for membership. **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 _____
Owner Signature Date

X _____
Joint Owner Signature Date

X _____
Joint Owner Signature Date

X _____
Joint Owner Signature Date

REFERRED BY _____

NOTARY INFORMATION

If you choose to [mail](#) this application to HRCCU, you are required to complete this section and have all signatures notarized.

I certify that the information provided above is my true and correct identify information.

For Notary Seal

(or, use this area if credit union requires a thumbprint identification)

Signed _____
MEMBER/OWNER DATE

State of _____, County of _____

City, Town, Village of _____

This person named hereon personally came before me and signed above on this, the _____ day of _____, 20_____.

My commission expires on _____, 20_____.

NOTARY SIGNATURE

PRINTED NAME



