



MID-HUDSON VALLEY FEDERAL CREDIT UNION

ACCOUNT &
SERVICE FORM☐ New ☐ Update

Account Type:

☐ Savings ☐ Checking ☐ Money Market ☐ Certificate

Account Number:

Service Type:

☐ ATM/Cache Card☐ Free VISA Debit Card for access to your account(s) via ATMs, Point of Sale or Purchases☐ Overdraft Protection to link your checking to a savings account.¹☐ Overdraft Protection to link your checking to a line of credit.²☐ No Bounce courtesy program for ATMs and everyday debit card transactions, if eligible and subject to terms and conditions. Initial _____ Date _____☐ Free Online Banking & Bill Payer Service³

For security purposes please complete the following questions:

1. Color of your first car? _____ 2. Name of the street you grew up on? _____ 3. Name of your first pet? _____

4. Name of your elementary school? _____ 5. Where was your first job? _____

¹A fee may apply. ²A fee may apply. Application required. ³Bill Payer Service Authorization (Optional free service to pay bills on-line) I/We wish to subscribe to Bill Payer Service and authorize Mid-Hudson Valley Federal Credit Union, and any third party acting on its behalf, to serve as my/our agent in processing payments to merchants pursuant to my/our payment instructions, and I/we authorize the credit union to post or withdraw such payments from my/our designated account(s). I/We understand that MHVFCU may not make certain payments if sufficient funds are not available in my/our designated account. This authorization is in force until revoked by me/us or MHVFCU in writing. Use of MHVFCU's Internet services constitutes acceptance of the terms and agreement furnished to me/us with my/our Welcome Kit.

PRIMARY OWNER INFORMATION

☐ Update

Member Number		SSN/TIN	Date of Birth
Last Name, First Name, Middle Initial / Business Name		Driver's License/ID	State
Home Phone ()	Cell Phone ()	E-mail Address	
Address (Street, City, State, Zip)		Street Address (if different)	

FOR VISA DEBIT CARD ONLY:

Name to Appear on Card (Cannot exceed 21 characters including spaces)

JOINT OWNER INFORMATION (For additional joint owner(s), please attach an additional New Account/Service Card.

☐ Update ☐ Add ☐ Remove

Member Number		SSN/TIN	Date of Birth
Last Name, First Name, Middle Initial / Business Name		Driver's License/ID	State
Home Phone ()	Cell Phone ()	E-mail Address	
Address (Street, City, State, Zip)		Street Address (if different)	

FOR VISA DEBIT CARD ONLY:

Name to Appear on Card (Cannot exceed 21 characters including spaces)

OPTIONAL BENEFICIARY DESIGNATION

☐ Add ☐ Remove

Beneficiary: Last Name, First Name, Middle Initial / Business Name	Address (Street, City, State, Zip)	SSN/TIN
Contingent Beneficiary: Last Name, First Name, Middle Initial / Business Name	Address (Street, City, State, Zip)	SSN/TIN

AUTHORIZATION

By signing below I/we acknowledge, authorize and certify that I/we requested the above account to be opened/updated. I/we have received and agree to the terms and conditions of the Membership Application and Membership Terms & Conditions.

Applicant's Signature _____ Date _____

Joint Applicant Signature _____ Date _____

OFFICE USE ONLY:

Card Number	Order Date	CRM	Initials	Joint Owner OFAC (if applicable)
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Bring to any branch office or mail to MHVFCU, PO Box 1429, Kingston, NY 12402

Rev. 8/21_Retain Records Scan