



# 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.<sup>1</sup>

Overdraft Protection to link your checking to a line of credit.<sup>2</sup>

No Bounce courtesy program for ATMs and everyday debit card transactions, if eligible and subject to terms and conditions. Initial \_\_\_\_\_ Date \_\_\_\_\_

Free Home Banking & Bill Payer Service<sup>3</sup>

**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? \_\_\_\_\_

<sup>1</sup>A fee may apply. <sup>2</sup>A fee may apply. Application required. <sup>3</sup>Bill 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 \_\_\_\_\_

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

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