



Membership Application

New Member or Account Update

Interested in: Primary Savings Savings Checking Money Market Certificate IRA Loan Mortgage Credit Card Investments Insurance

I qualify for membership: • Because I live, work, worship, attend school, volunteer... in Ulster, Orange, Dutchess County **or**

• As a business or legal entity in Ulster, Orange, Dutchess County **or** As an employee of _____ **or**

• By _____ my Spouse Parent Sibling Child Grandparent Grandchild Household Member

PERSONAL INFORMATION

Account Number _____ If you are a new member, an account number will be assigned to you.

Last Name, First Name, Middle Initial / Business Name _____ SSN/TIN _____ Date of Birth _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail Address _____

Address (Street, City, State, Zip) _____ Street Address (if different) _____ County _____ Country _____

Employer _____ Business Phone (____) _____ Driver's License/ID _____ State _____

Purpose of Account: Personal Business Other _____ Businesses Only: Business engages in internet gambling.

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? _____

JOINT OWNER

Last Name _____ First Name _____ Middle Initial _____ SSN/TIN _____ Date of Birth _____

Home Phone _____ Cell Phone (____) _____ E-mail Address _____ Driver's License/ID _____ State _____

Address (Street, City, State, Zip) _____ County _____

Employer _____ Business Phone _____ For additional joint owner(s), please attach a sheet with the requested information & signatures.

CONVENIENCE SERVICES INCLUDED WITH YOUR MEMBERSHIP (Subject to eligibility. Terms and conditions apply. Contact us for details.)

- Free Debit Card for access to your account(s) via ATMs, Point of Sale or Purchases
- Free e-Statements
- Free Home Banking, Check Imaging & Bill Payer Service
- Free EARS (Electronic Audio Response System) for 24-hour automated telephone access to your account(s).
- No Bounce Courtesy program for Checks and ACH¹

Optional Services

- No Bounce Courtesy program for ATMs and everyday debit card transactions.^{1,3} Initial _____ Date _____
- Overdraft Protection to link your checking to a savings account.¹
- Overdraft Protection to link your checking to a line of credit.²
- Perks Package² Initial _____ Date _____ ¹A fee may apply. ²A fee may apply. Application required. ³Auto enroll for businesses.

To complete application, sign and provide ID & address requirements.

All signers acknowledge, authorize and certify:

1. I am eligible for membership at MHV. It is a violation of federal law to join if you are not eligible for membership. Membership extends to anyone who lives, works, worships, volunteers or attends school in Ulster, Orange or Dutchess County; Business and legal entities in the three-county area; Employees of select employer groups predating the community charter; By an eligible spouse, child, grandchild, sibling, parent, grandparent or household member.
2. I will maintain a par value in my primary share to maintain eligibility.
3. Receipt and agreement of Membership Terms and Conditions and Privacy Policy.
4. MHV to obtain a consumer credit report to evaluate my creditworthiness.
5. Subscription to Bill Payer Service; authorization for Mid-Hudson Valley Federal Credit Union and its agents to process payments to merchants pursuant to payment instructions as account balances allow.
6. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners and authorized signers. **What this means for you:** When you open an account, we will ask you for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for MHV to restrict account access or delay the approval of loans pending further verification.

7. I certify under penalties of perjury, (1) the number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (3) I am a U.S. citizen (including a U.S. Resident Alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant's Signature _____ Date _____ Joint Applicant Signature _____ Date _____

OFFICE USE ONLY:		Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint		Statement: <input type="checkbox"/> E <input type="checkbox"/> P	Overdraft Alternate Account #:	ATM	OFAC:	DISC:	CRM:
QUAL:	CKG:	Privacy:	Initials:	This Application approved by the Membership Officer:			Date:		