

1. Print and complete both sides of the Membership Application Card. Please do not change the size of the card when printing.
2. Sign in two places by the **RED X**.
3. **In Person**; bring to any office \$6.00 (\$5. to deposit in your account & \$1. processing fee) and your NYS Driver's License.
By Mail; Mail a check in the amount of \$6.00 (\$5. to deposit in your account & \$1. processing fee) and a copy of your NYS Driver's License. Mail to: Rochester & Monroe County EFCU, 460 N. Goodman Street, Rochester, NY 14609

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

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). 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.

X

Signature of Member _____

Date _____

JOINT ACCOUNT OWNERSHIP
 Joint Ownership of the accounts with Rights of Survivorship and responsibility for services.

Joint Owner Name _____

Address _____

City _____ State _____ Zip _____

Employer _____

Home # _____ Cell # _____ Bus. # _____

Date of Birth _____ Soc. Sec. No. or Tax I.D. No. _____

Mother's Maiden Name _____

AUTHORIZATION

By signing below, I/we hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Rochester And Monroe County Employees Federal Credit Union. I/we also agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy, Truth-in-Savings Disclosure, and to any amendment you make from time to time which are incorporated herein. I/we authorize the Credit Union to verify credit and employment history as needed. I/we acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above.

THE PRIMARY MEMBER MUST SIGN THIS CARD IN TWO PLACES IN ORDER FOR THIS APPLICATION TO BE PROCESSED AND ENCLOSE A CHECK FOR \$6.00. (ONE DOLLAR IS THE MEMBERSHIP FEE AND FIVE DOLLARS IS THE AMOUNT WHICH MUST BE DEPOSITED IN YOUR ACCOUNT IN ORDER TO MAINTAIN THE REQUIRED MINIMUM BALANCE FOR ALL OPEN ACCOUNTS.)

X

Signature of Member _____

Date _____

X

Signature of Joint Member _____

Date _____

MEMBERSHIP ELIGIBILITY INFORMATION

I/we are eligible to become a member/members of Rochester And Monroe County Employees Federal Credit Union for the following reason(s):

- | | Primary
Member | Joint
Member | |
|-----|---------------------------|--------------------------|---|
| (1) | <input type="checkbox"/> | <input type="checkbox"/> | I am an employee |
| (2) | <input type="checkbox"/> | <input type="checkbox"/> | I am a retired employee |
| (3) | <input type="checkbox"/> | <input type="checkbox"/> | I am an immediate family member of an employee or retiree |

And that Employee's Name is _____

OFAC License Scanned

BOOK NUMBER

MEMBERSHIP APPLICATION IN ROCHESTER AND MONROE COUNTY EMPLOYEES FEDERAL CREDIT UNION

Soc. Sec. No. or Tax I.D. No. _____

Member Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Home # _____ Cell # _____ Bus. # _____

Date of Birth _____ Mother's Maiden Name _____

Email _____ Spouse's First Name _____

CREDIT UNION USE ONLY

THIS APPLICATION ACCEPTED AND SETUP BY:

Staff Signature _____ Date _____