

Master Membership Application

Open Date:	
Member Number: _	
Share ID:	

P.O. Box 1071 | Poughkeepsie, NY | 12602-1071 845.463.3011 | hvcu.org

in Albany, Colum	bia, Dutchess, Gi nty. You are an	eene, Orar Immed	o on the basis that younge, Putnam, Rensse iate Family Hous :	laer, Rockla sehold me	and, Sarato	ga, Scher	nectady, Sulliv	an, Ulster or
Primary Owner								
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Amount:	Term:		Dividend Disburseme	nt 🔲	Credit to Ce	rtificate	Credit to SI	hare ID:
Primary Accoun	t Owner							
First Name	Last Name	MI	Date of Birth	Socia	l Security N	lumber	Business	Phone
Residential Addre	SS		City	State	ZIP	Hon	ne Phone	Mobile
Mailing Address			P	ass code			Email	
☐ Overdraft Co	overage from Prii	mary Savin	gs 🔲 No Overdr	aft Covera	ge			
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IMPORTANT INFORMATION ABOUT THE PROCEDURES FOR OPENING A NEW To help the government fight the funding of terrorism and money laundering ac to obtain, verify, and record information that identifies each person who opens a	tivities, Federal law requires all financial institutions
What this means for you: When you open an account, we will ask you for your r ion that will allow us to identify you. We may also ask to see your driver's license	
By signing or otherwise authenticating, I/we agree to the terms and conditions Agreement, Fee Schedule, Account Rate Information, Privacy Notice, Overdraft Napplicable. If an access card or EFT service is requested and provided, I/we agreement and Disclosure. I/We acknowledge receipt of the agreements and direquested herein, and to any amendment the Credit Union makes from time which will be posted on the credit union's web site for immediate review. after the posting of such amendments constitutes my/our acceptance of responsibility to monitor for amendments and changes on a regular basis.	Notice, and Funds Availability Policy Disclosure, if ree to the terms of the Electronic Fund Transfers sclosures applicable to the accounts and services ne to time which are incorporated herein, and My/our continuing to use credit union services
Sharing Information	
☐ If this box is left unchecked, information relating to your account(s) may be so this application serves as the Master Membership Account Application or Supple accounts opened under this member number, except for Trust Accounts, and is account for you on your verbal request and deposit of funds.	emental Application, and controls all subsequent
Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For most entities, it is your Employer Identification Number (EIN). If you do not have a number, refer to the instructions outlined on the Internal Revenue Service's Website: www.irs.gov	
TIN Certification You certify under penalties of perjury that the following is true: (1) The number identification, and (2) you are not subject to backup withholding. You agree the IRS that you are currently subject to backup withholding because of underre return. (3) You are a U.S. citizen or other U.S. person. For federal tax purposes, you individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, on the United States or under the laws of the United States; an estate (other than defined in Regulations section 301.7701.7). (4) The FATCA code(s) entered on the from FATCA reporting is correct. Exempt payee code (if any) exe The Internal Revenue Service does not require your consent than the certifications required to avoid backup withholding.	e to check the box if you have been notified by eporting interest or dividends on your tax ou are considered a U.S. person if you are: an company, or association created or organized in a foreign estate); or a domestic trust (as is form (if any) indicating that you are exempt imption from FATCA reporting code (if any)
Signature and TIN Certification (with Title, if applicable) Date	