

## **MEMBERSHIP APPLICATION**

### **PLEASE READ THE FOLLOWING CAREFULLY**

#### **THIS APPLICATION MUST BE ACCOMPANIED BY:**

- Stewart's Shops Payroll Direct Deposit Form **OR**  
 \$10.00 Deposit for a Single Membership\* **OR**  
 \$20.00 Deposit for a Joint Membership\*

\* Membership deposit is retained if account is closed in first 3 months

#### **MEMBERSHIP ELIGIBILITY**

To join the Credit Union, you must meet the membership requirements including the purchase and maintenance of at least one (1) "membership share" per member (2 shares for joint account) as set forth in the Credit Union Bylaws. You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services we offer.

Family members (parents, grandparents, siblings and children) are also eligible to join.

#### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, 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.

#### **JOINT SHARE ACCOUNT AGREEMENT (NON-TRANSFERABLE)**

The Stewart's Federal Credit Union is authorized to recognize any of the signatures subscribed on this membership application in the payment of funds or the transaction of any business for this share account. The joint owners of this account agree with each other and with the credit union that all sums paid in on shares, by any or all of said joint owners to their credit as such with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan(s) from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the credit union.

#### **Certification As To Taxpayer Identification Number and Backup Withholding**

Under penalties of perjury, I certify that:

1. The number shown on my membership application 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 back-up 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.

#### **SHARE DRAFT ACCOUNT AGREEMENT**

I/We hereby authorize Stewart's FCU to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me/us and to charge all such payments against the shares in this Account. It is further agreed that:

- (a) Only share draft blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- (b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. However, if any of the undersigned writes a share draft that would exceed such balance and result in this account being overdrawn, the Credit Union may pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which the undersigned is then eligible to withdraw shares.
- (c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.
- (d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This account is subject to the Credit Union's right to acquire advance notice of withdrawal, as provided in its bylaws.
- (h) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (i) If this agreement is signed by more than one person, the persons signing shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions noted within.

\*\*\*APPLICATION MUST BE COMPLETE & SIGNED FOR PROCESSING- PLEASE CHECK CAREFULLY\*\*\*

**MEMBERSHIP APPLICATION INFORMATION**

JOINT APPLICATION YES or NO

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(If different from mailing address)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_ CELL : (\_\_\_\_) \_\_\_\_\_

SOC. SEC. #: \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

BENEFICIARY (Payable on Death) \_\_\_\_\_

# YRS. NY RESIDENT: \_\_\_\_\_ PRIOR STATE IF LESS THAN 5 YRS. IN NY: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ SHOP/DEPT: \_\_\_\_\_  
(If Stewart's Employee)

PERSONAL REFERENCE: (Family member not living with you)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**JOINT NAME:**

\_\_\_\_\_ LAST FIRST MIDDLE SUFFIX

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(If different from mailing address)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_ CELL : (\_\_\_\_) \_\_\_\_\_

SOC. SEC. #: \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

# YRS. NY RESIDENT: \_\_\_\_\_ PRIOR STATE IF LESS THAN 5 YRS. IN NY: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ SHOP/DEPT: \_\_\_\_\_  
(If Stewart's Employee only)

PERSONAL REFERENCE: (Family member not living with you)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I HAVE READ AND AGREE TO THE TERMS DISCLOSED ON THIS APPLICATION AND ALL SUPPLEMENT DISCLOSURE DOCUMENTS  
PRIMARY \_\_\_\_\_ JOINT \_\_\_\_\_

**COMPLETE ONLY IF OPENING CHECKING (DRAFT) ACCOUNT**

*Print Name and Address, as it is to appear on the checks:*

NAME \_\_\_\_\_ JOINT NAME \_\_\_\_\_

Phone# &/or Drivers License#'s: (Optional) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Order Checks: (150/box) 1 box 2 boxes Starting check number desired: (use 101 or higher) \_\_\_\_\_

**\*\* A NYCE ATM card will be sent to you in two weeks; your PIN number will be sent separately 3 days later**

**WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways.

1. We have standard overdraft practices that come with your account.
2. We also offer an overdraft protection plan that links your share/savings account (1) to your share draft/checking account.

**What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts, at our discretion, for the following transactions:

- Share drafts/checks and other transactions made using your share draft/checking account
- Automatic Bill Payments
- ACH Payments
- ATM transactions
- One-time debit card transactions

Beginning August 15, 2010, we will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

**What fees will I be charged if the Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of \$25.00 each time we pay an overdraft (the first 3 per month are free when paid from your share/savings account).
- There is no limit on the total fees we can charge you for overdrawing your account.

**What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?**

If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and mail it to:

Stewart's Federal Credit Union  
PO Box 435  
Saratoga Springs NY 12866

Or call: (518)581-1201 ext 3900

If there are multiple owners on the ATM and/or debit card account, either owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

**ADD COVERAGE (Beginning August 15, 2010)** I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above.

**I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.**

**REMOVE COVERAGE (Beginning August 15, 2010)** I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_  
Member Account Number \_\_\_\_\_

**CREDIT UNION CONSENT CONFIRMATION**

Credit Union Signature \_\_\_\_\_ Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Coverage Added  
Coverage Removed