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# MEMBER ACCOUNT APPLICATION

New Member  Account Change

Member Number	Date
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Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Stewart's Federal Credit Union. Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a  are applicable only if the  is marked, e.g.,  "n/a" means not applicable.

**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

**Account Type**

All of the terms, conditions, form of account ownership, account selection and other information indicated herein apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Share/Savings Account  Share Draft/Checking Account  Club Account  Moola Account (Ages 0-13)  Student Account (Ages 14-22)  Christmas Club Account  
 Vacation Club Account  Share Certificate – Term Mos. \_\_\_\_\_  Other \_\_\_\_\_

**Account Services**

ATM Card (Share/Savings Account) **\*\* A NYCE ATM card will be sent to you in two weeks; your PIN number will be sent separately 3 days later**  
 Visa Debit Card (Draft/Checking Account)  
 Courtesy Pay

**Ownership**

**Individual Account**  **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.  **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

**Primary Member (Owner)**

Name		Birth Date	SSN/TIN	
Address Line 1 (Street)		Email Address		
Address Line 2 (City, State, Zip)		No. Yrs. NY resident: _____ Prior state if less than 5 yrs. in NY: _____	Home Phone No.	Cell Phone No.
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Issue Date
Employer		Date of Hire	Shop/Dept. (if Stewart's Employee)	Work Telephone No.
			Expiration Date	

**Joint Owner**

Name		Birth Date	SSN/TIN	
Address Line 1 (Street)		Email Address – Do you want to receive your Account Statements by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address Line 2 (City, State, Zip)		No. Yrs. NY resident: _____ Prior state if less than 5 yrs. in NY: _____	Home Phone No.	Cell Phone No.
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Issue Date
Employer		Date of Hire	Shop/Dept. (if Stewart's Employee)	Work Telephone No.
			Expiration Date	

**Joint Owner**

Name		Birth Date	SSN/TIN	
Address Line 1 (Street)		Email Address – Do you want to receive your Account Statements by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address Line 2 (City, State, Zip)		No. Yrs. NY resident: _____ Prior state if less than 5 yrs. in NY: _____	Home Phone No.	Cell Phone No.
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Issue Date
Employer		Date of Hire	Shop/Dept. (if Stewart's Employee)	Work Telephone No.
			Expiration Date	

**Joint Owner – If more than three Joint Owners, see attached.**

Name		Birth Date	SSN/TIN	
Address Line 1 (Street)		Email Address – Do you want to receive your Account Statements by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address Line 2 (City, State, Zip)		No. Yrs. NY resident: _____ Prior state if less than 5 yrs. in NY: _____	Home Phone No.	Cell Phone No.
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Issue Date
Employer		Date of Hire	Shop/Dept. (if Stewart's Employee)	Work Telephone No.
			Expiration Date	

**Account Designation – If more than two, see attached.**

Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided among the surviving beneficiaries listed below.

Beneficiary/POD Payee - Name and Address			Beneficiary/POD Payee - Name and Address		
SSN/TIN	Relationship	Phone Number	SSN/TIN	Relationship	Phone Number

UTMA (Uniform Transfers to Minors Act)

As custodian for \_\_\_\_\_ (minor) under the Uniform Transfers to Minors Act.  
Minor's SSN/TIN: \_\_\_\_\_

Agency

All Accounts  Designate Specific Accounts: \_\_\_\_\_

Name of Agent	Signature	Date
	X	

Other

Specify: \_\_\_\_\_

**Important IRS Information - TIN Certification**

Under penalties of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2.) Unless designated below, 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.) Unless designated below, I am a U.S. citizen or other U.S. person; and 4.) The FATCA code(s) entered below (if any) indicate that I am exempt from FATCA reporting is correct.

**Certification instructions.** 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 then you must check the box "I am subject to backup withholding" below. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

I am subject to backup withholding  I am exempt  I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**Signatures**

By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 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 and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

You agree if you have provided any telephone number, including a cell phone number on this application, other Credit Union form, or verbally, you are giving your consent to the Credit Union, its agents, employees, or third parties your consent to contact you at such telephone number(s) to discuss or communicate the status of your accounts or applications, whether these numbers are dialed manually or by means of an automatic telephone dialing system or pre-recorded message. You are not required to consent as a condition of purchasing any property, goods or service (including loans).

You may withdraw your consent at any time by contacting the credit union by phone, in person or any other reasonable means and informing us of your preferences.

Primary Owner Signature	Date	Joint Owner Signature	Date
X		X	
Joint Owner Signature	Date	Joint Owner Signature	Date
X		X	

**COMPLETE ONLY IF OPENING A CHECKING ACCOUNT – Print Name and Address, as it is to appear on the checks:**

Primary Owner		Joint Owner	
Street Address		City	State Zip
Telephone Number (optional)	Driver's License Number (optional)	Order Checks (80 per package): <input type="checkbox"/> 1 box	Starting check number desired: (use 101 or higher)

**Credit Union Use Only**

Date of Membership \_\_\_\_\_ Approved By: \_\_\_\_\_ Verification By: \_\_\_\_\_

Comments: \_\_\_\_\_