How to Join Pittsford Federal Credit Union

Membership is easy, just follow these steps:

1. If you live, work, worship, volunteer, or attend school in the town or village of Pittsford, Mendon, Honeoye Falls, Lima, Avon, Brighton, East Rochester, Henrietta, Perinton, Rush, East or West Bloomfield and Victor, or you’re an immediate relative or permanent household member of a current or eligible member, simply complete and sign the enclosed membership application. (If your account will have a joint owner, complete both member sections.)

2. Indicate the account type you wish to open and the service(s) you would like.

3. Enclose a check for at least $5.00 made payable to the account owner. (Please allow 7-10 days for processing check orders and ATM/Debit Card requests.)

4. Enclose a photocopy of one (1) valid form of identification for each member enrolling.
   - Driver’s License
   - U.S. Military ID
   - Passport
   - New York State License ID
   - Non-Driver Pistol Permit

5. Bring to any Pittsford Federal Credit Union branch or mail to:
   Pittsford Federal Credit Union
   PO Box 346
   Pittsford, NY 14534

6. Take advantage of our many convenient services. Accounts federally insured to at least $250,000 by the National Credit Union Administration. Member for Life – No Matter Where Life Takes You. As long as you maintain a minimum balance of $5.00 in your savings or checking account and remain a member in good standing, you can remain a member for life – even if you move, change jobs, or retire.

Membership Eligibility
You certify you are eligible for membership in PFCU. If you qualify and maintain an active share account in good standing with a balance of at least $5,000 and abide by the bylaws of PFCU, you will remain a PFCU member and are encouraged to take advantage of the programs, products and services that PFCU offers.

Income Tax Withholding Certification
Under the penalties of perjury, I certify that: 1. The number shown on this form is my correct Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding. (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. 23. I am a US citizen (including a US resident alien). 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. The Internal Revenue Service does not require your consent to any provision of the document other than the certification required to avoid backup withholding.

Certification Instructions: You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

624-7474 or (800) 836-8010 PittsfordsFCU.org/apply
Pittsford FCU
Pittsford Branch
20 Tobey Village Rd.
(Mortgage Department located here)
Mendon Branch
1321 Pittsford Mendon Rd.
Hours
Monday - Friday 9 a.m. - 4:30 p.m.

Join today at PittsfordsFCU.org
Primary Member Information
I am eligible to open an account with Pittsford Federal Credit Union for the following reason:

- I am currently a member. Member ID ____________________
- I live, work, worship, volunteer or attend school in a qualifying town or village (see Item 1 in How to Join).
- I am an immediate relative or permanent household member of a current or eligible member.
  
His/her name ____________________________

Name __________________________________________
Address _______________________________________
City __________________________________________
State __________________ Zip _________________
Social Security # ____________________________

Date of Birth ________________________________
Home Phone* ________________________________ ☐
Work Phone* ________________________________ ☐
Mobile Phone* ________________________________ ☐
Email ______________________________________
Employer __________________________________

Photo ID#** __________________________ State Issued _____
Issue Date ____________ Expires ____________

How you heard about us __________________________________
_________________________________________________

I/we certify the information I/we have provided is true and accurate.

I/we agree to the conditions, membership eligibility and certifications on the reverse side of this application. Account(s) will be opened in the name(s) of all eligible applicants who sign this form.

X __________________________ Date __________________________
Primary Member Signature

X __________________________ Date __________________________
Joint Member Signature

FOR CREDIT UNION USE ONLY:

Account(s) Opened __________________________
Opened By __________________________ Approved By __________________________ Date __________________________

Joint Member Information
I am eligible to open an account with Pittsford Federal Credit Union for the following reason:

- I am currently a member. Member ID ____________________
- I live, work, worship, volunteer or attend school in a qualifying town or village (see Item 1 in How to Join).
- I am an immediate relative or permanent household member of a current or eligible member.

His/her name ____________________________

Name __________________________________________
Address _______________________________________
City __________________________________________
State __________________ Zip _________________
Social Security # ____________________________

Date of Birth ________________________________
Home Phone* ________________________________ ☐
Work Phone* ________________________________ ☐
Mobile Phone* ________________________________ ☐
Email ______________________________________
Employer __________________________________

Photo ID#** __________________________ State Issued _____
Issue Date ____________ Expires ____________

How you heard about us __________________________________
_________________________________________________

* Consent to Contact: By providing my telephone number, I consent to autodialed or prerecorded calls and text messages from Pittsford FCU and its service providers relating to: (i) transaction or fraud alerts; (ii) collection of a debt or negative balance; or (iii) servicing of any of my accounts or loans.

**Photocopy of ID required

Type of Account(s) You Are Opening

- Super Savings
- Checking – Your first order of standard checks is free!
- Custodial Savings Account
  This account will be designated as a custodial account under the New York Uniform Transfer to Minors Act (UTTMA).
  
  Minor’s Name ____________________________
  Minor’s Social Security # ____________________
  Minor’s Date of Birth ____________________
  Successor Custodian Name ____________________
  Successor’s Social Security # ____________________
  Successor’s Date of Birth ____________________
  
  Totten Trust Account Designation
  Account(s) will be designated as Totten Trust. Funds are payable equally to each beneficiary listed below upon death of all account owners.

  Beneficiary Name ____________________________
  Address __________________________________
  City/State/Zip ____________________________
  Social Security # ____________________________
  Date of Birth ____________________________

  Beneficiary Name ____________________________
  Address __________________________________
  City/State/Zip ____________________________
  Social Security # ____________________________
  Date of Birth ____________________________

(List additional beneficiary information on separate sheet)