

# 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
  - ◆ Passport
  - ◆ Non-Driver License ID
  - ◆ U.S. Military ID
  - ◆ New York State Pistol Permit
5. Bring to any Pittsford Federal Credit Union branch or mail to:

Pittsford Federal Credit Union  
P.O. Box 346  
Pittsford, NY 14534
6. Take advantage of our many convenient services. And keep in mind, **once a member, always a member** – as long as you maintain a minimum share or share draft balance of \$5.00 you can remain a member – *even if you change jobs, move, or retire.*

\*Membership is subject to eligibility.

## Authorization & Certification of Tax ID# and Backup Withholding:

By signing this membership application, I/we hereby make application for membership in the Pittsford Federal Credit Union, and agree to conform to the bylaws and amendments thereof. I/we also agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy, Truth-in Savings Disclosure provided to us, and to any amendment you make from time to time. I/we authorize the Credit Union to verify credit, account and employment history as needed. I/we acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. All new accounts are verified by ChexSystems.

The Internal Revenue Service does not require your consent to any provision of this documentation other than the certifications required to avoid backup withholding. Under the penalties of perjury, I certify (1) that the number shown on this signature card is my correct taxpayer identification number (2) that I am not subject to backup withholding because (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (B) 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).

**624-7474 or (800) 836-8010**

**[PittsfordFCU.org/apply](http://PittsfordFCU.org/apply)**

### **Pittsford Branch**

20 Tobey Village Rd.

(Mortgage Department located here)

### **Mendon Branch**

1321 Pittsford Mendon Rd.

### **Hours**

Monday - Thursday 9 a.m. - 4:30 p.m.  
Friday 9 a.m. - 5:30 p.m.

*Join today at*

**[PittsfordFCU.org](http://PittsfordFCU.org)**

## Membership Application



“Pittsford Federal Credit Union came through for us right away.”

~ Ken & Carolyn of Rochester, N.Y.,  
Members since 2013



# Pittsford

FEDERAL CREDIT UNION

Where You Belong — Financially

## 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 \_\_\_\_\_

Primary

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Photo ID#\* \_\_\_\_\_ State Issued \_\_\_\_\_

Issue Date \_\_\_\_\_ Expires \_\_\_\_\_

How you heard about us \_\_\_\_\_

## 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 \_\_\_\_\_

Primary

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Photo ID#\* \_\_\_\_\_ State Issued \_\_\_\_\_

Issue Date \_\_\_\_\_ Expires \_\_\_\_\_

\*Photocopy of ID required

## Type of Account(s) You Are Opening

Super Savings

**Checking** – Your first order of standard checks is free!

**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.)

**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 \_\_\_\_\_

I/we agree to the conditions on the reverse side of this application. Account(s) will be opened in the name(s) of all members who sign this form.

**X** \_\_\_\_\_

Primary Member Signature

\_\_\_\_\_ Date

**X** \_\_\_\_\_

Joint Member Signature

\_\_\_\_\_ Date

### FOR CREDIT UNION USE ONLY:

Account(s) Opened \_\_\_\_\_ Opened By \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_

### FOR CREDIT UNION USE ONLY:

	P	J		P	J
eAlerts	<input type="checkbox"/>	<input type="checkbox"/>	eFunds	<input type="checkbox"/>	<input type="checkbox"/>
eStatements	<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Combine Statement	<input type="checkbox"/>	<input type="checkbox"/>	Audio Pin Setup	<input type="checkbox"/>	<input type="checkbox"/>
Checks Ordered	<input type="checkbox"/>	<input type="checkbox"/>	ATM/Debit Card Order/PIN	<input type="checkbox"/>	<input type="checkbox"/>
Overdraft Setup	<input type="checkbox"/>	<input type="checkbox"/>	New Account & DD Letter	<input type="checkbox"/>	<input type="checkbox"/>