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 East Syracuse, NY 13057
 Phone: (315) 445-2300
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 Web: www.countryside.org

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 Countryside Federal 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 checkbox () are applicable only if the checkbox is marked, e.g., "n/a" means not applicable.

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) Share Draft (Checking) Money Market Share Certificate – Term _____

Club Account(s): Holiday Club Vacation Club "U Name it" Club Other (describe) _____

IRA(s): Roth Education Traditional Other (describe) _____

Account Services

Visa Debit Card/ATM Card (share draft/checking account required) Internet Teller Access/Bill Pay Direct Deposit/Payroll Deduction Other _____

Overdraft Protection (you must complete a separate Overdraft Consent for this service to be in effect) Personal Line of Credit (you must complete a separate loan application)

Ownership

Individual Account Joint Account with Rights of Survivorship

Primary Member/Owner

Name	Birth Date	SSN/TIN		
Address Line 1 (Street)	Email Address			
Address Line 2 (City, State, Zip)	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	Expiration Date	Password – Security Code
Employer	Occupation/Title	Work Telephone No.		

Joint Owner UTMA Custodian Authorized Signer (Describe):

Name	Birth Date	SSN/TIN	
Address Line 1	Email Address		
Address Line 2 (City, State, Zip)	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	Expiration Date
Employer	Occupation/Title	Work Telephone No.	

Joint Owner Authorized Signer (Describe):

Name	Birth Date	SSN/TIN	
Address Line 1	Email Address		
Address Line 2 (City, State, Zip)	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	Expiration Date
Employer	Occupation/Title	Work Telephone No.	

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

Name	Birth Date	SSN/TIN	
Address Line 1	Email Address		
Address Line 2 (City, State, Zip)	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	Expiration Date
Employer	Occupation/Title	Work Telephone No.	

Account Designation

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), SSN/TIN _____
under the Uniform Transfers to Minors Act.

Agency – All Accounts Designate Specific Accounts: _____

Name of Agent	Signature	Date
	X	

Other (describe):

Authorized Signers

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and 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.

Signature	Date	Signature	Date
X		X	
Name:	Title:	Name:	Title:

Certificate of Authority

Account Owner. The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.

Authorized Signers. The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

Authority. 1) Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time. 2) The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. 3) The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing. 4) The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks against or make any transaction related to the account.

Liability. The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.

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 will 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 wireless telephone (cell phone), or email address on this application, other Credit Union form, or verbally, you are giving your consent to the Credit Union and/or our third-party providers, including debt collectors, to contact you by telephone, cell phone (voice or text message) which could result in charges to you, or email address associated with your account in order to service your account, deliver any messages related to suspected or actual fraudulent activity on your account, or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You understand if we contact you at any telephone number, cell phone (voice or text), or email address you have provided, you agree that we may contact you whether these numbers are dialed manually or by means of an automatic telephone dialing system, or whether we use a pre-recorded message. You understand and agree that you are not required to consent to telephonic contact 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.

If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

Primary Member/Owner Signature <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer	Date	Joint Owner/Authorized Signer Signature	Date
X		X	
Joint Owner/Authorized Signer Signature	Date	Joint Owner/Authorized Signer Signature	Date
X		X	

Credit Union Use Only

Member Number	Member Group Number	Eligibility	OFAC	Initials	Date
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