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Account #

MEMBERSHIP APPLICATION

		<u>ACCOUNT TYPE</u>			<u>MEMBERSHIP CHANGE</u> <input type="checkbox"/>
Share/ Savings	_____		Vacation Club	_____	
Share Draft/Checking	_____		Holiday Club	_____	
			CD/ MMA	_____	
VISA debit card	_____				

ALL OF THE TERMS, CONDITIONS, FORM OF ACCOUNT OWNERSHIP, ACCOUNT SELECTION AND OTHER INFORMATION INDICATED ON THIS FORM APPLY TO ALL OF THE ACCOUNTS LISTED UNLESS THE CREDIT UNION IS NOTIFIED IN WRITING OF A CHANGE.

*The account number for each of the accounts listed includes the suffix added to the end of the Member Number listed in ACCOUNT# above.

PRIMARY MEMBER INFORMATION

Member/Primary Account Owner _____ SSN/TIN _____

Street _____ Apt# _____ Driver Lic# _____

City/State/Zip _____ DOB _____

Home Phone _____ Password _____

Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Eligibility for Membership: Healthcare Relative of Member (Relationship) _____ Employee # _____

JOINT MEMBER INFORMATION

Designate the ownership of the accounts and responsibility for the services requested:

Joint With Rights of Survivorship Joint Without Rights of Survivorship

Joint Member/Account Owner _____ SSN/TIN _____

Street _____ Apt# _____ Driver Lic# _____

City/State/Zip _____ DOB _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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) 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 backup and 3. I am a us person (including a US resident alien)

Certification 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 US person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or ET service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____ Date: _____ X _____ Date: _____

Signature-Owner

Signature – Joint Owner

ELECTRONIC STATEMENT AGREEMENT

By signing below, I hereby request Kaleida Health Federal Credit Union to deliver my KHFCU account statements to me electronically instead of in the mail. I understand that this is a free and secure service. I understand that my account statements will be available to me on my KHFCU online banking account and that I will receive email notifications when a new statement is ready to be retrieved. Additionally, it is my responsibility to notify KHFCU of any changes to my email address, physical mailing address and phone number.

X _____
Member Signature Date

STANDARD OVERDRAFT PROTECTION

KHFCU offers standard overdraft practice with your account. To prevent overdrafts, you may authorize KHFCU to link your savings and checking accounts. If your checking account runs out of funds, it will automatically withdraw available funds from your savings account to cover your transaction. Standard overdraft covers the following type of transactions:

- Automatic bill payment
- Automatic Clearing House (ACH) transactions
- Checks

Unfortunately, standard overdraft **WILL NOT** pay overdraft for the following transactions:

- ATM Withdrawals
- One-Time Debit card transactions

KHFCU reserves the right to not authorize or pay an overdraft at our discretion. Which will result in your transaction being declined or returned.

A fee of **\$35.00** will be charged for each time an overdraft is paid. There is no limit on total fees you can be charged for overdrawing your account.

- YES, I do want the standard overdraft protection to my KHFCU checking account to authorize and pay my overdrafts on my ATM and one time debit card transactions. I understand that there is a fee of \$35.00 when the overdraft is used for each item.**
- NO, I do not want to sign up for standard overdraft protection. I understand if I do not have sufficient funds in my account at the time a transaction is presented, it will not be paid.**

X _____
Member Signature Date

ACCOUNT DESIGNATIONS/BENEFICIARY

Beneficiary/POD Payee Name: _____ Phone: _____
Address _____
City/State/Zip _____

Beneficiary/POD Payee Name: _____ Phone: _____
Address _____
City/State/Zip _____

Beneficiary/POD Payee Name: _____ Phone: _____
Address _____
City/State/Zip _____

Date of Membership: _____ OFAC Ran By: _____ OFAC Date: _____ OFAC Verified & Membership Approved By: _____

Comments/ Changes Made: _____