



MEMBERSHIP APPLICATION AND AGREEMENT

MEMBER ACCOUNT NUMBER: _____ NEW MEMBER: _____ UPDATED: _____
REASON FOR CHANGE: _____
HOW DID YOU HEAR ABOUT US?: _____

MEMBER INFORMATION

NAME: _____ DOB: _____ SSN/TIN: _____
ADDRESS/CITY/STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____
PRESENT EMPLOYER/ADDRESS: _____
MEMBERSHIP QUALIFICATION: _____
REFERENCE: _____
(Name, address and phone number)

JOINT ACCOUNT MEMBER INFORMATION

NAME: _____ DOB: _____ SSN/TIN: _____
ADDRESS/CITY/STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____
PRESENT EMPLOYER/ADDRESS: _____
REFERENCE: _____
(Name, address and phone number)

NAME: _____ DOB: _____ SSN/TIN: _____
ADDRESS/CITY/STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____
PRESENT EMPLOYER/ADDRESS: _____
REFERENCE: _____
(Name, address and phone number)

NAME: _____ DOB: _____ SSN/TIN: _____
ADDRESS/CITY/STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____
PRESENT EMPLOYER/ADDRESS: _____
REFERENCE: _____
(Name, address and phone number)

**NIAGARA'S CHOICE FEDERAL CREDIT UNION
CERTIFICATION AND AGREEMENT**

Chex System: I understand that the Credit Union will perform a Chex Systems inquiry on all deposit account holders.

Taxpayer Information: I/we certify under penalties of perjury that: 1.) taxpayer information number(s) have been issued to me by the IRS or Social Security Administration Office 2.) I am not subject to back-up withholding as a result of a failure to report all interest and/or dividends, or the IRS has notified me that I am no longer subject to back-up withholdings.

By-Laws: I/we hereby agree to the by-laws, rules, regulations, and policies of the credit union governing deposits and service charges made to its deposit accounts now and/or after adopted.

Share Draft Account Agreement: In receiving items for deposit or collection, the Credit Union acts only as a depositor's collection agent and assumes no responsibility beyond the exercise of due care. All items are credited subject to final payment in cash or solvent credits. The credit union will not be liable for default or negligence of its duly selected correspondents, nor for losses in transit and each correspondent so selected shall not be liable except for its own negligence. The credit union or its correspondents may send items directly or indirectly to any bank or firm, including the payer, and accept its drafts of credits as conditional payment. In lieu of cash it may charge back any item at any time before final payment, whether returned or not; also, any item drawn on the credit union not good at the time of business on any day.

Joint Accounts: We agree and declare that all funds deposited in a Niagara's Choice FCU deposit account are and shall be our joint property and owned by us as joint tenants with the right of survivorship and not as tenants in common and upon death of either of us, any balance in said account shall become the absolute property of the survivor. The entire account or any part thereof may be withdrawn by or upon the order of either of us or the survivor. It is also agreed that withdrawals of funds by the survivor shall be binding upon us and upon our heirs, next of kin, legatees, assigns and personal representative.

Your signature also authorizes Niagara's Choice to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

Only the primary member of the account may close out the account.

MEMBER SIGNATURE (with rights of survivorship)

DATE

JOINT OWNER SIGNATURE (with rights of survivorship)

DATE

JOINT OWNER SIGNATURE (with rights of survivorship)

DATE

JOINT OWNER SIGNATURE (with rights of survivorship)

DATE

COMMENTS:

MSR INITIALS: