



**MEMBERSHIP APPLICATION AND AGREEMENT**

**Niagara's Choice Federal Credit Union**

3619 Packard Road  
Niagara Falls, NY 14303

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 \_\_\_\_\_  
E-mail address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Present Employer/Address \_\_\_\_\_  
How he/she qualifies for membership: \_\_\_\_\_  
Name, address and phone number of someone who will always know your location  
\_\_\_\_\_

**JOINT ACCOUNT MEMBER INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Present Employer/Address \_\_\_\_\_  
Name, address and phone number of someone who will always know your location  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Present Employer/Address \_\_\_\_\_  
Name, address and phone number of someone who will always know your location  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Present Employer/Address \_\_\_\_\_  
Name, address and phone number of someone who will always know your location  
\_\_\_\_\_

**Comments:**

**MSR Initials:**

**MEMBER(S) REQUESTS:**

<b>MEMBERSHIP</b>	<b>SHARE</b>	<b>SHARE DRAFT</b>
Individual		
Joint		

**OTHER SERVICES REQUESTED**

Number of Debit Cards \_\_\_\_ Number of ATM Cards \_\_\_\_ Credit Card \_\_\_\_  
Automatic Transfer \_\_\_\_ Direct Deposit \_\_\_\_ Bill Pay \_\_\_\_ HomeTeller \_\_\_\_ Audio Response \_\_\_\_

**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.

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

\_\_\_\_\_  
Member Signature (with rights to survivorship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (with rights to survivorship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (with rights to survivorship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (with rights to survivorship)

\_\_\_\_\_  
Date