

MEMBERSHIP ELIGIBILITY

I am eligible for membership in TVFCU because: (Check only one)

I am an immediate family/household member of a current TVFCU member.

Name/relationship _____

I, or an immediate family/household member, live, work, worship or attend school within TVFCU field of membership - describe _____

* For eligibility questions call us at (585) 343-5627 or 1-800-722-8224 or visit our website at www.TVFCUBATAVIA.COM.

I/We submit a minimum deposit of \$5 to establish membership and maintain a savings account.

**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 to you: When you open an account, we ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

Approved by: _____

By signing below, I hereby make application for membership in and agree to conform to the by-laws and any amendments thereof in Tonawanda Valley Federal Credit Union. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Under penalties of perjury, I certify (1) that the number on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. (3) **The payee is a U.S. person.**

Credit Reports: The Credit Union is hereby authorized, at its discretion, to obtain credit reports and otherwise verify personal information supplied by me. I understand that, if I ask, the Credit Union will tell me whether or not a consumer report was requested and, if one was requested, the Credit Union will give me the name and address of the consumer reporting agency that furnished the report.

Signature _____ Date _____

_____ 3rd
 _____ 2nd
 _____ Main
 ↓ Soc. Sec. or Tax ID No. ↓ Account Owners (each must sign below)
 ↓ Date of Birth

_____ Date _____ Joint Account No. _____

The Tonawanda Valley Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with TVFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit such as joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge TVFCU from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.
 Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.
 The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to TVFCU which shall not affect transactions heretofore made.

JOINT SHARE ACCOUNT AGREEMENT *NOT TRANSFERABLE

Acct. No. _____ **MEMBERSHIP ENROLLMENT FORM**
 Name (Please Print) _____ Date of Birth _____
 Soc. Sec. or Tax Id. No. _____ Phone No. _____
 Address _____
 Employer _____ Bus. Zip _____ Bus. Phone _____
 Driver's License # _____ State Issued _____ Exp. Date _____
 Issue Date _____

Joint Applicant Information - Complete if applicable

Name (Please Print) _____ Date of Birth _____
 Soc. Sec. or Tax Id. No. _____ Phone No. _____
 Address _____
 Employer _____ Bus. Zip _____ Bus. Phone _____
 Driver's License # _____ State Issued _____ Exp. Date _____

How did you hear about TVFCU? _____ Issue Date _____
 Family Employer Other _____ Teller ID _____