



3563 Mohegan Avenue  
Mohegan Lake, N.Y. 10547  
(914) 526-4015

[www.hudsonriverteachers.org](http://www.hudsonriverteachers.org)

## Membership Application

How did you hear about us?

- Work
- Family Member
- Advertisement
- Website
- Other \_\_\_\_\_

A minimum of **\$6.00** is required to open an account which includes a \$1.00 membership fee and \$5.00 minimum deposit. A copy of a picture ID in the form of either a Valid Drivers License, Government ID or Passport is also required. If opening through the mail, a second form of ID is required such as a copy of a Social Security Card, Paystub or Employer Photo ID

Member Name \_\_\_\_\_ Account# \_\_\_\_\_

Account Ownership:  Individual  Joint with Right of Survivorship

### Account Types & Services:

- Savings  Kirby Kangaroo® Kids Club  Teen Club  Holiday Club  Vacation Club
- Checking  Visa® Debit Card  Payroll Deduction  Custodial Account

### Primary Owner Information

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN/Tax ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

ID Type (Drivers License or other government ID) \_\_\_\_\_ ID# \_\_\_\_\_

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### I am eligible for membership through my:

- Employer/School District Employer/School District Name \_\_\_\_\_
- Family Member Family Member Name \_\_\_\_\_

### Joint Owner Information

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN/Tax ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

ID Type (Drivers License or other government ID) \_\_\_\_\_ ID# \_\_\_\_\_

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Beneficiaries

Payable on Death Beneficiaries are designated for all suffixes established with this form. If a beneficiary is not listed on this form, the new suffixes will not have a payable on death beneficiary.

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN# \_\_\_\_\_

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Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN# \_\_\_\_\_

### Tax Certification

By signing below, I certify under penalty of perjury that: I am a U.S. person (including a U.S. resident alien), the Social Security Number shown above is my/the correct number, and I am NOT subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, or: (check if applicable)

- Certificate of Foreign Status. I am a foreign person (not a U.S. citizen or resident) Complete form W8BEN.
- Backup Withholding. I am subject to backup withholding.

### Authorization

I/We agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Electronic Funds Transfer Disclosure and to any future amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/We authorize HRTFCU to obtain credit information about me/us from a credit reporting agency for the purpose of considering my/our application for any account or service provided. If requested, I/We agree to the terms and conditions of the VISA® Debit card agreement and any future amendment you make from time to time.

The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding or establish your status as a foreign person, and if applicable, obtain a reduced rate of withholding.

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### Custodial Account:

\_\_\_\_\_, as custodian for \_\_\_\_\_ (minor) under the \_\_\_\_\_ state UTMA.

Custodian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Credit Union Use Only

Membership Officer: \_\_\_\_\_ Experian Authentication \_\_\_\_\_