

Membership Application

SHARE(SAVINGS) ACCOUNT

INSTRUCTIONS: complete, print, and sign this application, if mailing the application your signature needs to be notarized then mail the form to LSR FCU, 24 Glen Avenue, Cooperstown, N.Y. 13326. In addition to sending the application to become a member, the Credit Union requires that you make a \$5.00 initial deposit into your Share (savings) account and copies of two (2) forms of identification. Please make the check payable to LSR FCU. If you have any questions about how to fill out this application, or about any other aspect of opening an account at LSR FCU, please call us at (607)547-5700

PRIMARY MEMBER INFORMATION

Date _____

Member Name (Last, First, Middle)

Social Security Number / Tax Identification Number

Address (Street, City, State, Zip code)

Home Phone Number

Work Phone Number

Date of Birth

Employer

Eligibility to join the Credit Union

Tin Certification & Backup Withholding Information

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number / Tax Identification Number shown is the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

_____ I am subject to back up withholding. _____ I am not a U.S. citizen or resident. _____ Exempt.

AUTHORIZATION

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth-in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I understand that I will receive a copy of the Agreement & Disclosures Information within 10 business days after my account is opened. If an ATM card or EFT service is requested and provided, I/WE agree to the term and understand that I/WE will receive the Electronic Funds Transfer Agreement within 10 business days after my account is opened. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Member's Signature _____ Date _____

Joint Ownership of Accounts

The Leatherstocking Region Federal Credit Union is hereby authorized to recognize any of the following signatures subscribed hereto in the payment of funds or the transaction of any business for the designated account(s). The joint owners of the account(s) hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with the right of survivorship and shall be subject to the withdrawal or receipt of any of them, and payment of any of them or the survivor(s) shall be valid and discharged said Credit Union from any liability for such payment. The joint owners also agree to the terms and conditions as established by the Credit Union from time to time. Any and all of said joint owners may pledge all of any part of shares in the designated account as collateral security to a loan or loans. 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 noticed to said Credit Union which shall affect transactions therefore made.

JOINT OWNER #1 INFORMATION

Name (Last, First, Middle)

Social Security Number / Tax Identification Number

Address (Street, City, State, Zip code)

Home Phone Number

Work Phone Number

Birth Date

Employer

Member's Signature _____

Joint Owner's Signature _____

JOINT OWNER #2 INFORMATION

Name (Last, First, Middle)

Social Security Number / Tax Identification Number

Address (Street, City, State, Zip code)

Home Phone Number

Work Phone Number

Birth Date

Employer

Member's Signature _____

Joint Owner's Signature _____

SHARE DRAFT (CHECKING) ACCOUNT

I understand that I will receive a copy of the Share Draft Agreement and disclosures of account terms, fees, rates, as well as the Deposit Hold Policy, and Electronic funds transfer disclosures within 10 business days after my account is opened. By signing below, I am agreeing to the terms of the Share Draft Agreement. I/We authorize the Leatherstocking Region Federal Credit Union to establish a "Share Draft Account" for me/us. The Credit Union is authorized to pay Share Drafts signed by me or anyone whose signature appears of this agreement and to charge the payments against the Share Draft account.

Member Name

Member Signature _____

Joint Owner's Name

Joint Owner's Signature _____

2nd Joint Owner's Name

2nd Joint Owner's Signature _____

ELECTION OF OVERDRAFT PROTECTION

___ YES, I would like Overdraft Protection from Shares.

I understand that funds can be transferred from my Primary Share Account to cover overdrafts. I must have enough funds in the Share Account to cover the overdrawn check(s). The minimum \$5.00 balance must be maintained in the Share Account.