

Membership Application

SHARE/SAVINGS ACCOUNT

Instructions: Complete, print, and sign this application than mail the entire 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 savings account. 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) 547-3126**.

PRIMARY MEMBER

Date Opened _____

Member Name (Last, First, Middle) _____

SS#/TIN _____

Address (Street, City, State, Zip) _____

Home Phone# _____

Work Phone# _____

Birth Date _____

Alternate/Seasonal Address (Street, City, State, Zip) _____

Dates of use for Alternate Address _____

Mother's Maiden Name _____

Employer _____

Job Title _____

Eligibility _____

Type of ID/# _____

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 (SS#)/Tax Identification Number (TIN) 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 Sub 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 accounts(s). The joint owners of the accounts 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 discharge 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 or 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 notice to said Credit Union which shall affect transactions therefore made.

JOINT OWNER #1

Name (Last, First, Middle)

SS#/TIN

Address (Street, City, State, Zip)

Home Phone#

Work Phone#

Mother's Maiden Name

Birth Date

Employer

Member's Signature

Joint Owner's

JOINT OWNER #2

Name (Last, First, Middle)

SS#/TIN

Address (Street, City, State, Zip)

Home Phone#

Work Phone#

Mother's Maiden Name

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 Electric Funds transfer disclosures. Within 10 business day after my account is opened. By signing below, I am agreeing to the terms of the Sharedraft 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 on this agreement and to charge the payments against the Share Draft Account.

Members Name

Signature

Joint Owner's Name

Signature

Joint Owner's Name

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 (Sub1) to cover overdrafts. I must have enough funds in the designated Share Accounts(s) to cover the overdrawn check(s). The minimum \$5.00 balance in Primary Shares (Sub 1) must be maintained.

LSR FCU ATM CARD OR DEBIT CARD REQUEST

_____ **LSR FCU ATM CARD**
_____ **LSR FCU ATM/DEBIT CARD**

_____ (if known)

Account Number _____

Name One on Account _____

Name Two on Account _____

Your new card & pin # will be mailed separately to you.

_____ ATM CARD _____ Personal ID#-(If you are applying for an ATM Card you may choose your Personal ID#)

_____ ATM/DEBIT CARD (If you are applying for the ATM/Debit Card your pin # will be randomly generated)

I have requested a LSR FCU ATM Card or LSR FCU Debit Card. I understand that I will receive a disclosure as required by the Electronic Funds Transfer Act within 10 business days after my account is opened. By signing below, I agree to the terms and conditions of the appropriate Cardholder Agreement and any subsequent amendment. I will not let anyone have access to my card or PIN.

I hereby accept the terms for the use of my LSR FCU ATM Card or my LSR FCU Debit Card.

Signature _____

Signature _____

CREDIT UNION USE ONLY

Membership Officer _____

CFCU Employee Initials _____

Date _____

Make sure you have completely filled out the application and entered all requested information for each product you are applying for. when you have finished, print out the application, sign all appropriate areas and mail to: LSR FCU, 24 Glen Ave., Cooperstown N.Y. 13326

PRIVACY DISCLOSURE

Leatherstocking Region Federal Credit Union, your member owned financial institution, is committed to providing you with competitive products and services to meet your financial needs and help you reach your goals. We are equally committed to protecting the privacy of our members. Under federal law, we are required to give you this privacy notice. It describes our credit union's privacy policy and practices concerning the personal information we collect and disclose about our members. It also includes information about the parties who receive personal and sometimes nonpublic information from us as we conduct the business of the credit union.

If after reading this notice you have questions, please contact us

Information We Collect About You

We collect nonpublic personal information about you from the following sources:

Information we receive from you on applications and other forms

Information about your transactions with us

Information we receive from a consumer report agency

Information obtained when verifying the information you provide on an application or other forms; this may be obtained from your current or past employers, or from other institutions where you conduct financial transactions

We may disclose all of the information we collect, as described above, as permitted by law.

Parties Who Receive Information From Us

We may disclose nonpublic personal information about you to the following of third parties:

Financial service providers, such as insurance companies, and mortgage services companies

Non-financial companies, such as consumer reporting agencies, data processors, check/share draft printers, financial statement publishers, plastic card processors, direct marketers, non-profit organizations, and governments agencies

Disclosure of Information to Parties That Provide Services to Us

In order for us to conduct the business of the credit union, we may disclose all of the information we collect, as described above, to companies that perform marketing or other services on our behalf or to other financial institutions with whom we have joint marketing agreements so that we may provide members competitive products and services. We may also disclose nonpublic personal information about you under circumstances as permitted or required by law. These disclosures typically include information to process transactions on your behalf, conduct the operations of our credit union, follow your instructions as you authorize, or protect the security of our financial records.

To protect our members' privacy, we only work with companies that agree to maintain strong confidentiality protections and limit the use of information we provide. We do not permit these companies to sell the information we provide to other third parties.