



2525 Military Road
Niagara Falls, NY 14304
716-236-7678
www.encompassniagara.com

MEMBER ACCOUNT APPLICATION

New Member Account Change

Member Number	Date
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Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Encompass Niagara Federal Credit Union. Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., . "n/a" means not applicable.

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated herein apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Share/Savings Account _____ Share Draft/Checking Account _____ Christmas Account _____
 Vacation Account _____ Prime Savers Club (Teens 13 – 17) _____ Chipmunk Club (children 0 – 12) _____
 Share Certificate _____ Term Mos. _____ Other _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed above. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Account Services

Debit Card Online Banking Payroll Deduction/Direct Deposit Other _____
 Overdraft Protection (you must complete a separate election for this service)

Ownership

Individual Account **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Primary Member/Owner

Name	Birth Date	SSN/TIN
Address Line 1 (Street)	Email Address	
Address Line 2 (City, State, Zip)	Home Phone No.	Cell Phone No.

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date	Password – Security Code
Employer	Occupation/Title		Work Telephone No.	

Joint Owner UTMA Custodian Authorized Signer (Describe):

Name	Birth Date	SSN/TIN
Address Line 1	Email Address	
Address Line 2 (City, State, Zip)	Home Phone No.	Cell Phone No.

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer	Occupation/Title		Work Telephone No.

Joint Owner Authorized Signer (Describe):

Name	Birth Date	SSN/TIN
Address Line 1	Email Address	
Address Line 2 (City, State, Zip)	Home Phone No.	Cell Phone No.

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer	Occupation/Title		Work Telephone No.

Joint Owner – If more than three Joint Owners, see attached.

Name	Birth Date	SSN/TIN
Address Line 1	Email Address	
Address Line 2 (City, State, Zip)	Home Phone No.	Cell Phone No.

Identification Type: Driver's License Military ID State Issued ID Card Passport Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer	Occupation/Title		Work Telephone No.

Account Designation – If more than three, see attached.

Payable on Death (P.O.D) Account – Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided among the surviving beneficiaries listed below. Select one: All Accounts Designate Specific Accounts: _____

Beneficiary/POD Payee - Name and Address			Beneficiary/POD Payee - Name and Address		
SSN/TIN	Relationship	Phone Number	SSN/TIN	Relationship	Phone Number

UTMA (Uniform Transfers to Minors Act)

_____ as custodian for _____ (minor), SSN/TIN _____
under the New York Uniform Transfers to Minors Act.

Other

Specify:

Authorized Signers

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time.

Name	Title	Signature	Date
		X	
Name	Title	Signature	Date
		X	

Certificate of Authority

ACCOUNT OWNER – The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.

AUTHORIZED SIGNERS – The persons signing above signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

AUTHORITY – 1) Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time. 2) The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. 3) The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing. 4) The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks against or make any transaction related to the account.

LIABILITY – The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.

Tax Identification Number (TIN) Certification and Backup Withholding Information

In addition to your Agreements with the Credit Union, by signing this Application, you certify under penalties of perjury that:

- The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you); and
- You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding; and
- You are a U.S. citizen or other U.S. person. *For federal tax purposes, you are considered a U.S. person if you are: 1) An individual who is a U.S. citizen or U.S. resident alien; 2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; 3) An estate (other than a foreign estate); or 4) A domestic trust (as defined in Regulations section 301.7701-7); and*
- The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting are correct. *(Applies to accounts maintained outside the U.S.)*
Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Certification instructions. You must check the box next to **item 2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Check the box next to **item 3** above if you are not a U.S. person and complete a W-8 BEN. If a W-8 BEN is completed, your signature does not serve to certify this section.

Signatures

By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 for you: When you open an account, we will 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. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

You agree if you provide or have provided any telephone number, including a cell phone number, or email address on this application, other Credit Union form, or verbally, you are giving the Credit Union, its agents, employees, or third parties your consent to contact you at such telephone number(s) or email address(es) to discuss or communicate the status of your accounts or applications. You understand and agree that if we contact you at any telephone number or cell phone number you have provided, you agree that we may contact you whether these numbers are dialed manually or by means of an automatic telephone dialing system, or whether we use a pre-recorded message. You understand and agree that you are not required to consent to telephonic or email contact as a condition of purchasing any property, goods or service (including loans).

You may withdraw your consent at any time by contacting the credit union by phone, in person or any other reasonable means and informing us of your preferences.

Primary Member/Owner Signature <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer	Date	Joint Owner/Authorized Signer Signature	Date
X		X	
Joint Owner/Authorized Signer Signature	Date	Joint Owner/Authorized Signer Signature	Date
X		X	

Credit Union Use Only

Date of Membership _____ Opened/Approved By: _____ Eligibility: _____ Verification By: _____ Date: _____

Verification List(s) Checked: OFAC Other _____ Reports Checked: Credit Report Check Verification Report Other: _____