



SUFFOLK FEDERAL CREDIT UNION
3681 Horseblock Road
PO Box 9005
Medford, NY 11763
631.924.8000
<http://www.suffolkfcu.org>

Website Membership Summary

**If you have questions about SFCU's membership application process,
please contact our Call Center at 631-924-8000.**

To expedite your membership application, be sure to:

1. have enclosed a completed and signed:

Account Card (New Membership)
Chex Systems Identity Verification (must be completed by all applicants)
Joint Account Disclosure
Cash Card or Check Card Application

2. have signature(s) on Account Card application notarized.

3. have enclosed a photocopy of your Driver's License or DMV ID Card
(include Joint Applicant[s] if applicable) and a second form of identification.

Acceptable forms of secondary identification:

Employee Identification Card
Major Credit Card(s)
Student ID Card
Firearm Owner's Registration Card
Public Assistance Card
Social Security Card
Medicare/Medicaid Card

4. have enclosed a check for \$5.00 as an initial deposit for SFCU membership.
5. Please review all membership disclosures located on our website: click on the "Account Services" tab, then click on "Disclosures" in the drop-down box.

Mail to:

**Suffolk FCU
Attn: Member Service
P.O. Box 9005
3681 Horseblock Road
Medford, NY 11763**



ACCOUNT CARD (New Membership)

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner: _____	Member No: _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth: _____
Work Phone: _____ Cell Phone: _____	Mother's Maiden Name: _____
E-mail: _____	Membership Eligibility: _____
Employer: _____	

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship	
Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name: _____
Work Phone: _____ Cell Phone: _____	E-mail: _____
Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name: _____
Work Phone: _____ Cell Phone: _____	E-mail: _____

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> Payable on Death (POD)	<input type="checkbox"/> All Accounts
<input type="checkbox"/> Designate Specific Accounts: _____	_____
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____

ACCOUNT SERVICES	
<input type="checkbox"/> Payroll Deduction / Direct Deposit	<input type="checkbox"/> Audio Response
<input type="checkbox"/> Online Banking	<input type="checkbox"/> ATM Card
<input type="checkbox"/> Debit Card	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority): _____	
<input type="checkbox"/> Other _____	

CHECK CARD APPLICATION / AGREEMENT	
I/We hereby make application for a CashCard(s) with Suffolk Federal Credit Union. I/We agree to the following terms:	
<ul style="list-style-type: none"> > It is understood that the PIN is my electronic signature. The use of this PIN with a transaction at a designated Electronic Banking location will serve as identification that the bonafide owner of the account is present. > I/We agree not to disclose my/our PIN. > I/We will immediately notify Suffolk Federal Credit Union of the loss or unauthorized use of my/our Card or PIN. > I/We agree to receive this card, as a credit access device should any transactions directly or indirectly invoke any line of credit loan. > Suffolk Federal Credit Union may terminate this agreement at any time. 	
	Mbr Init. _____
	Joint Init. _____

ACCOUNT TYPE	
*All of the terms, conditions, forms of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.	
Suffix*	Suffix*
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Living Trust: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

CHEXSYSTEMS VERIFICATION

The USA Patriot Act requires identity verification for all new accounts. Suffolk Federal Credit Union uses ChexSystems, powered by eFunds (a consumer reporting agency), to verify information when opening new memberships, checking accounts, or the addition of new joint members. A credit bureau report from a credit reporting agency may also be obtained when applying for membership or to open new accounts. Decisions, based on information obtained from outside agencies and Suffolk Federal Credit Union policies, are at the sole discretion of SFCU. If you are declined for any reason, an adverse action notice will be provided to you.

X

Member's Initials

X

Joint's Initials

E-STATEMENTS

I understand I will be receiving Electronic Statements and other disclosures for all my accounts, notification of which will be sent to the email address above. unless I check here.

By electing to receive your statements electronically in the manner set forth in the e-statement user's disclosure agreement, you agree to accept your Suffolk Federal Credit Union periodic statements, and all disclosures related to your statements, electronically by a visual text to be displayed on a personal computer monitor. You request that the credit union transmit your statement to you electronically, and you agree to the terms and conditions set forth in this agreement. The agreement can be found in the New Membership Disclosure Booklet. You will be prompted to demonstrate your abilities to receive e-statements by initially accessing our website and acknowledging that you will be able to retrieve your statements electronically with a personal identification number (PIN), which you will choose. You acknowledge that, if you disclose your PIN to anyone else or if your PIN is lost or stolen, third parties may be able to access your credit union statements.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301-7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Rate and Fee Schedule, Funds Availability Policy Disclosure, and Check Card Authorization, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

In considering this application Suffolk Federal Credit Union may request a report from outside credit reporting agencies.

X

Signature - Primary

Date

X

Signature - Joint

Date

X

Signature - Joint

Date

HOW DID YOU HEAR ABOUT SUFFOLK FEDERAL CREDIT UNION?

- Friend/Relative
- Business Referral
- Co-Worker
- Employer
- Ad-Radio
- Ad-Newspaper
- Offsite Event
- Walk-In/Street Sign
- SFCU Website
- Search Engine
- Other

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

- Credit Report
- ATM/Debit Card

- Check Verify
- Audio Response

- PIN Request
- PC Access/Internet Banking

Opened By

Approved By



SUFFOLK FEDERAL CREDIT UNION
 3681 Horseblock Road
 PO Box 9005
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<http://www.suffolkfcu.org>

New Membership Addendum

Membership Eligibility:

Name: _____

I am eligible for membership through:

Employer Community Family Member School

Employer/Family Member/Community/School Name: _____

Please open the following accounts under my new membership:

SAVINGS ACCOUNT: A share savings account will automatically be opened with membership. \$5.00 minimum balance required.

Initial deposit amount: _____

Source of deposit:

Check/money order included Transfer from a current SFCU account
 Transfer funds from another financial institution Other, please describe: _____

An SFCU ATM card will be issued for Savings Accounts only. A computer-generated PIN (Personal Identification Number) will be mailed separately. You may change your PIN by bringing your card to any SFCU branch office.

Member Telephone Service (MTS) is a free 24-hour audio response service automatically set up to your account(s) to provide telephone/Internet account access and information. Your PIN will be the last four (4) digits of your Social Security Number and can be changed online or through MTS.

CHECKING ACCOUNT: No minimum balance required. **Initial deposit amount:** _____

Source of deposit:

Check/money order included Transfer from a current SFCU account
 Transfer funds from another financial institution Order Checks - 50 checks per year at no fee

Other, please describe: _____

An SFCU VISA Check Card for Savings and Checking access will be issued upon opening on a checking account. A computer-generated PIN (Personal Identification Number) will be mailed separately. You may change your PIN by bringing your card to any SFCU branch office.

MONEY MARKET ACCOUNT: \$2,500.00 minimum balance required. **Initial deposit amount:** _____

Source of deposit:

Check/money order included Transfer from a current SFCU account
 Transfer funds from another financial institution Order Checks - 50 checks per year at no fee

Other, please describe: _____

CLUB ACCOUNT: Holiday Vacation **Initial deposit amount:** _____

Source of deposit:

Check/money order included Transfer from a current SFCU account
 Transfer funds from another financial institution Other, please describe: _____

Please send me information on:

Deposit Services

Business Account Home Banking/Bill Pay
 Child's Savings IRA
 Custodial Accounts Living Trust
 Direct Deposit Share Certificate

Loan Services

Boat Loan Mortgage Loan
 Business Loan Personal Loan
 Home Equity Loan Vehicle Loan
 Line of Credit Loan MasterCard Credit Card



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ChexSystems Identity Verification

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Decisions, based on information obtained from outside agencies and Suffolk Federal Credit Union policies, are at the sole discretion of SFCU. If you are declined for any reason, an adverse action notice will be provided to you.

Please sign below to acknowledge that you are aware of this process.

Print Name

Date

Signature



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Date of Notice

ChexSystems Adverse Action

NOTICE OF ACTION BASED ON INFORMATION CONTAINED IN A CONSUMER REPORT

We regret we cannot open your account today due to information received from ChexSystems, a consumer reporting agency. ChexSystems did not make the decision to decline your account application and is unable to provide you with specific reasons why the decision was made.

You have rights under state and federal laws. Included in these rights are:

- the right to obtain a free copy of your ChexSystems consumer report if you make such a request to ChexSystems within 60 days of your receipt of this notice; and
- the right to dispute the completeness or accuracy of any information contained in such report by notifying ChexSystems directly of your dispute.

You may contact ChexSystems by:

- visiting their website at <http://www.chexhelp.com>
- telephone using their Voice Response Unit at 800-428-9623
- fax at: 602-659-2197
- mail at: Chex Systems, Attention: Consumer Relations, 7805 Hudson Road, Suite 100, Woodbury, MN 55125

TO ENABLE CHEXSYSTEMS TO PROPERLY ASSIST YOU, YOU WILL NEED TO SUPPLY THEM WITH THE INFORMATION REQUESTED BELOW:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
(Last Name)	(First Name)	(Middle Name)	Birthdate (mm/dd/yyyy)		
<input type="text"/>					
Maiden Name or Other Last Names Used					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Soc. Sec. Number	Home Phone Number	Drivers License Number	State of Issuance		
 Current Address: (NOTE: ChexSystems will correspond with you at the address below unless you request otherwise)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt. #	P.O. Box	City	State	Zip Code
 Any previous addresses used in the past five years (include any P.O. Boxes):					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt. #	P.O. Box	City	State	Zip Code
 List Name, Tax ID#, Address and your title of any Business/Organization Accounts signed on in the past five years:					
Business Name	Your Title	Tax ID Number	Business Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
			Signature <input style="width: 150px; height: 30px;" type="text"/>		



**JOINT ACCOUNT
DISCLOSURE NOTICE**

MEMBER NO.: _____

Section 675 of the NYS Banking Law and NYS Banking Board General Regulations Part 15 requires that the following information be disclosed to each owner of a joint account established on or after October 1, 1984.

1. The shares, and any additions thereto, become the property of each owner as joint tenants and, as such, the credit union may release the entire account to any owner during the lifetime of all owners.
2. The credit union may honor share drafts drawn by, or withdrawal requests from, any owner during the lifetime of all owners.
3. The credit union may be required by service of legal process to remit funds held in the joint account to satisfy a judgment entered against, or other valid debt incurred by any owner of the account.
4. The credit union may honor share drafts drawn by, or withdrawal requests from the survivor(s) after the death of any owner(s).
5. The credit union may treat the account as the sole property of the survivor(s) after the death of the owner(s).
6. Unless the credit union receives written notice signed by any owner not to pay or deliver any joint deposit or addition or accrual thereon, the credit union shall not be liable to any owner for continuing to honor share drafts drawn by, or withdrawal requests from, any owner.
7. After receipt of the written notice referred to in Number 6 above, the credit union may require the written authorization of any or all joint owners for any further payments or deliveries.
8. Any owner may pledge all or any part of the shares in this account as collateral security for a loan or loans.

I/We acknowledge receipt of the Joint Account Disclosure Notice as required by Section 675 of the NYS Banking Law and NYS Banking Board General Regulations Part 15.

Joint Owner Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

Date Mailed 7/30/2016



MasterCard Debit Card works like a check...only better

Debit Card Application

With your Suffolk Federal MasterCard Debit Card, you can access your checking account to pay for purchases without writing checks. In addition to the traditional ATM access that this card provides, now you can pay for your purchases wherever the MasterCard symbol is found at millions of stores, restaurants and other locations around the world. Simply present your Suffolk FCU Debit Card for payment, sign the receipt and go - no time consuming ID verification that you usually find with trying to pay by check.

Accepted Where Checks Aren't

It's not always convenient or acceptable to pay by check when you're away from home. Use your Debit Card to avoid such problems. Debit Card is accepted just like MasterCard and payments are deducted directly from your checking account. You can even use it when ordering merchandise or services by phone, mail or Internet.

Record Keeping

A detailed description of every Debit Card purchase appears on your monthly statement in the Advantage Checking section. Just like a check that you write on your account, make sure you deduct your Debit Card transaction(s) immediately to avoid problems with outstanding checks. There is no "float" time.

PIN Selection and Application

Choose your own Personal Identification Number (PIN). Your PIN is your own four-digit number that provides access to your funds with the Debit Card. To apply, complete the application form, sign the application, and return it to any Suffolk FCU office.

Approval Process

Your application for a Debit Card is subject to approval. If we are unable to satisfy your request, and you do not currently have a Suffolk FCU ATM CashCard, we will automatically issue an ATM CashCard(s) to you based on the application received.

Debit Card APPLICATION / AGREEMENT

I hereby make application for a Debit Card(s) with Suffolk Federal Credit Union. I/We agree to the following terms:

- It is understood that the PIN is my electronic signature. The use of this PIN with a transaction at a designated Electronic Banking Location will serve as identification that the bonafide owner of the account is present.
- I agree not to disclose my/our PIN.
- I will immediately notify Suffolk Federal Credit Union of the loss or unauthorized use of my/our Card or PIN.
- I agree to receive this card, as a credit access device should any transactions directly or indirectly invoke any line of credit loan.
- Suffolk Federal Credit Union may terminate this agreement at any time.

In considering this application, Suffolk Federal Credit Union may request a report from outside Credit Reporting Agencies. It may also ask a Reporting Agency or Agencies for such reports in connection with renewal or continuation of the service for which you are applying. Suffolk Federal Credit Union will make this information available to you should you request it.

HAS THERE BEEN A CHANGE OF ADDRESS WITHIN THE PAST 30 DAYS? Yes No

WHAT VERIFICATION METHOD WAS USED?

ID TYPE

ID NUMBER

EXPIRATION DATE

INSTANT ISSUE NEW APPLICATION REPLACEMENT REQUEST

**** ALL FIELDS BELOW MUST BE COMPLETED ****

Member Number

Member Name

Address

City/State/Zip Code

Phone #

I acknowledge notice of this disclosure under Article 25 of the New York State General Business Law.

Date

Signature

Teller No.



CashCard = Cash 24 hours a day, 7 days a week

CashCard Application

CashCard...Suffolk Federal Credit Union's convenient ATM cash delivery system that provides you with access to your funds 24 hours a day, seven days a week at nearly 10,000 cash machines in the Metropolitan area...over 100,000 ATMs nationwide...and over 124,000 additional machines internationally.

Make **CashCard** withdrawals from your Share Savings and Advantage Checking accounts...transfer funds between your savings and checking accounts and make balance inquiries at any ATM where the Accel, Cirrus, Allpoint or Maestro logo is displayed.

Choose your own PIN*

*PIN (Personal Identification Number) is your own four digit number that provides access to your funds with the CashCard.

Member Select PIN...Complete the application form, sign the application, and return the form by mail or personally to any office of the credit union. Your cash card will be mailed to you shortly after your application has been processed. REMEMBER that your four digit PIN is your electronic signature and should not be disclosed to anyone.

If you have any questions about your Suffolk Federal Credit Union **CashCard**, or to change your PIN, please call the Information Center at 631-924-8000 (select '5' on Automated Attendant) and a Representative will personally assist you.

CashCard APPLICATION / AGREEMENT

I/We hereby make application for a CashCard(s) with Suffolk Federal Credit Union. I/We agree to the following terms:

- It is understood that the PIN is my electronic signature. The use of this PIN with a transaction at a designated Electronic Banking Location will serve as identification that the bonafide owner of the account is present.
- I agree not to disclose my PIN.
- I will immediately notify Suffolk Federal Credit Union of the loss or unauthorized use of my Card or PIN.
- Suffolk Federal Credit Union may terminate this agreement at any time.

In considering this application, Suffolk Federal Credit Union may request a report from outside Credit Reporting Agencies. It may also ask a Reporting Agency or Agencies for such reports in connection with renewal or continuation of the service for which you are applying. Suffolk Federal Credit Union will make this information available to you should you request it.

HAS THERE BEEN A CHANGE OF ADDRESS WITHIN THE PAST 30 DAYS? Yes No

WHAT VERIFICATION METHOD WAS USED?

INSTANT ISSUE NEW APPLICATION REPLACEMENT REQUEST

ID TYPE	<input type="text"/>
ID NUMBER	<input type="text"/>
EXPIRATION DATE	<input type="text"/>

Member Number

Member Name

Address

City/State/Zip Code

I acknowledge notice of this disclosure under Article 25 of the New York State General Business Law.

DATE

Signature

Teller No.