

PRIMARY MEMBER INFORMATION

JOINT MEMBER INFORMATION

Name
SSN / TIN
Address
City State Zip
Email Addr.
Home Phone Business Phone
DOB / / Driver's License #
Mothers Maiden Name
Last School Attended
Employer
Employers Address
Position How Long?
Name and Address of Nearest Living Relative

Name
SSN / TIN
Address
City State Zip
Email Addr.
Home Phone Business Phone
DOB / / Driver's License #
Mothers Maiden Name
Last School Attended
Employer
Employers Address
Position How Long?

How are you, the primary applicant, eligible for BPCFCU membership?

I am eligible for membership because I live, work, worship, or attend school in Erie County.

IDENTIFICATION: 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 to you: We will need a copy of your driver's license or other identifying documents. If returning my mail, please enclose a copy of both front and back of your driver's license. Thank you.

Under penalty of perjury, I certify that: (1) The number shown on this form as my taxpayer identification, or social security number is my taxpayer identification or social security number, 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 withholdings, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By signing this membership application, I/We certify, under penalty of perjury, that I/We are eligible for membership in the Buffalo Postal Community FCU, and agree to its bylaws and amendments thereof and subscribe for at least one share. I further request the Credit Union to issue me/us a Personal Identification Number (PIN) for use in connection with the Credit Union's audio response system (EZ Access). Use of the PIN will be governed by the Credit Union's Electronic Funds Transfer Agreement & Disclosure as the same may be amended from time to time. I have read and fully understand the membership and Account Agreement and Rate and Fee Schedules, and agree to abide by their terms as the same may be amended from time to time. I certify that all statements made by me herein are true and complete and if I am requesting a loan, I authorize you to obtain a credit report from consumer reporting agency (credit bureau) in connection with this application and in connection with the update, renewal, or extension of any credit granted in response to this application, as well as for marketing by the Buffalo Postal Community FCU only or loan pre-approval purposes. The Credit Union may use the consumer report in considering whether to offer credit and other services to me, I authorize the Credit Union to investigate and verify the others any credit and income references and other credit information about me in order to determine my eligibility for membership and/or extension of credit and for any update or renewal thereof or future extension of credit. At my request, the Credit Union will tell me whether or not it asked for a consumer credit report, and if it did, the name and address of the agency or agencies that furnished the report. The Credit Union may exchange with others (including consumer reporting agencies) information regarding it's credit experience with me. If the Credit Union approves my application, it will send me an acceptance letter notifying me of my credit and a complete copy of the Truth-in-Lending Disclosure Statement, which includes a statement of my billing rights. If I request an advance by any of the way described in that agreement, I will have indicated my agreement to all of the terms of that agreement.

For Office Use Only: Account #

I/We submit a minimum deposit for \$25.00 to establish and maintain a savings account. As well as a Regular Share/Savings Account, I/We would like the following account/services with the Buffalo Postal Community FCU:

Share Draft/Checking Vacation Share Holiday Acct Share Certificate Money Market VISA Debit Card Home Banking BillPay

Signatures
Primary Member's Signature Date:
State of County of Day of before me personally came to me known to be the
Individual described in and who executed the forgoing instrument, and he/she duly acknowledged to me that he/she executed the same.*
Joint Member's Signature Date:
State of County of Day of before me personally came to me known to be the
Individual described in and who executed the forgoing instrument, and he/she duly acknowledged to me that he/she executed the same.*

*If applying by mail, application must be notarized and Applicant(s) must include a legible copy of driver's license(s) and proof(s) of income (paystub).

SHARE DRAFT PROGRAM

The following statements should be reviewed by all members before opening a Share Draft (checking) Account. If there are any questions, please consult with the personnel assisting you.

- There is no minimum balance or monthly service charges.
You will receive your Share Draft statements monthly and it will be your responsibility to reconcile your own share draft account.
Your Share Draft Account will be a separate account held under your member number.
You must notify us immediately if a book of drafts is lost or stolen
We recommend that you either start or increase payroll deduction for your convenience. Direct Deposit is available.
We will provide you with an introductory package of drafts, free of charge. You may reorder drafts as needed at the Credit Union. Prices quoted upon request.
You will get no original drafts back, a duplicate copy on tissue is made every time you write a draft. Copies are available upon request.
Fees are as follows: \$25.00 for each stop payment, \$3.00 for each copy of a paid draft. A \$25.00 fee will be charged for each draft returned because of non-sufficient funds.
Overdraft protection is available. We suggest applying for it upon opening your Share Draft (checking) Account.
I have read and reviewed the above information and I understand it fully.

Signature

Please print my drafts as follows:

Name(s) Street City State Zip

DESIGNATION OF BENEFICIARY FOR SHARES

I/We hereby designate as the beneficiary

Who resides at as the beneficiary on the named account. He/she is entitled to all shares in said account upon my death, or, if there is more than one owner, upon the death of all owners.

Signature: