



# Give the gift of **MEMBERSHIP**

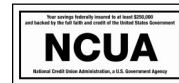
Give your family and friends\* the gift of membership this holiday, and we will give them \$25!

## Spread the Joy

If you're happy with O&R Utilities Employees Federal Credit Union, we invite you to refer someone you know... a friend, family member, or a co-worker\*. Give them the Gift of Membership and we will give them \$25 to open their account with!

Simply complete the coupon below and have your family member or co-worker email it to us along with a copy of their driver's license and a new member account card and we will deposit their \$25 Gift of Membership into their new account!

\*Family member or co-worker must be eligible for membership.



Phone: (845)774-0831

Fax: (845)774-0835

E-Mail: [info@orutilfcu.org](mailto:info@orutilfcu.org)

# Gift of Membership



O & R UTILITIES EMPLOYEES  
FEDERAL CREDIT UNION

Your Member #: \_\_\_\_\_ Your Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## \$25 to my family member or co-worker:

New Member's Name: \_\_\_\_\_

\*Family/Friend must be eligible for membership. Offer ends 12/31/20 and must be mentioned in order to be received. May be subject to 1099 IRS reporting.



**O & R UTILITIES EMPLOYEES  
FEDERAL CREDIT UNION**

PO Box 470, Monroe, NY 10949 www.orutilfcu.org  
P: 845-774-0831 F: 845-774-0835 info@orutilfcu.org

**MEMBER ACCOUNT APPLICATION**

New Account  Account Change

Member Number	Date
---------------	------

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the 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**

Share/Savings  Share Draft/Checking  Money Market Savings  Holiday Club  Vacation Club  Other \_\_\_\_\_  
 Share Certificate – Term: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  Transfer from account no.: \_\_\_\_\_  Check enclosed

**Primary Member (Applicant)**  Minor

Name	Birth Date	SSN/TIN	Home Phone No.	Work Phone No.
Physical Address	Email Address		Cell Phone No.	
Mailing Address (if different)	Employer		Building/Department	

**Joint Owner**  Custodian

Name	Birth Date	SSN/TIN	Home Phone No.	Work Phone No.
Physical Address	Email Address		Cell Phone No.	

**Joint Owner**

Name	Birth Date	SSN/TIN	Home Phone No.	Work Phone No.
Physical Address	Email Address		Cell Phone No.	

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

Name	Birth Date	SSN/TIN	Home Phone No.	Work Phone No.
Physical Address	Email Address		Cell Phone No.	

**Account Designation**

Payable on Death (P.O.D) Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

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 equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 – Name	Birth Date	Beneficiary #2 - Name	Birth Date
Address	SSN	Address	SSN

**Important IRS Information - TIN Certification**

Under penalties of perjury, You certify that: 1.) The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to me); and 2.) You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) I 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 me that you are no longer subject to backup withholding; and 3.) You are a U.S. citizen or other U.S. person (defined below); and 4.) The FATCA code(s) entered below (if any) indicating that you are exempt from FATCA reporting is correct.

**Certification instructions.** You must 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. 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) \_\_\_\_\_

**Signatures**

You hereby apply for membership with the Credit Union. 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. 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 acknowledge receipt of a copy of the Agreements and Disclosures applicable to accounts and services herein. 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. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. 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.**

Primary Owner Signature	Date	Joint Owner Signature	Date
<b>X</b>		<b>X</b>	
Joint Owner Signature	Date	Joint Owner Signature	Date
<b>X</b>		<b>X</b>	

**Credit Union Use Only**

Date Opened \_\_\_\_\_ Opened / Approved By: \_\_\_\_\_ OFAC Verification: \_\_\_\_\_