

DESIGNATION FOR SHARES

In the event of my death, proceeds of this share account are payable to:

Name _____

Soc. Sec. No _____

Telephone (_____) _____

Street _____

City _____ State _____ Zip _____

Signature _____

Date _____

AUTHORIZATION

By signing below, I/we hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Canandaigua Federal Credit Union (CFCU). I/we also agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy, Truth-in-Savings Disclosure, and to any amendment they make from time to time which are incorporated herein. CFCU may obtain a consumer credit report (credit history) from an independent consumer reporting agency in considering your application and in connection with review or renewal of the account applied for. Upon request, CFCU will supply the name and address of the independent consumer reporting agency providing such information. CFCU may also obtain credit information from other sources, and may exchange records regarding credit experience with consumer reporting agencies. I/we acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above.

X _____
Signature of Member Date

X _____
Signature of Joint Member Date

CREDIT UNION USE ONLY

APPLICATION APPROVED BY: MEMBERSHIP OFFICER

Signature _____

Date _____



M E M B E R APPLICATION & AGREEMENT



Canandaigua Federal
Credit Union

3210 Eastern Blvd.
Canandaigua, NY 14424
585.394.2436
Fax 585.394.2837
www.canandaiguafcu.com

ACCOUNT OWNERSHIP

ACCOUNT NUMBER

Individual Ownership

Share / Savings

Member Name _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____

Soc. Sec. No or Tax I.D. No. _____

Drivers Lic. No. _____ State _____

Issue Date _____ Expiration Date _____

Home Phone _____ Work Phone _____

Email _____

Mothers Maiden Name _____

Employer _____

Employer Address _____

Employer Phone _____

Membership Eligibility _____

(i.e. family, school, county)

Joint Ownership of the accounts and responsibility for the services as checked

Share / Savings

Joint Owner Name _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____

Soc. Sec. No or Tax I.D. No. _____

Drivers Lic. No. _____ State _____

Issue Date _____ Expiration Date _____

Home Phone _____ Work Phone _____

Email _____

Mothers Maiden Name _____

Employer _____

Employer Address _____

Employer Phone _____

CERTIFICATION OF TAX ID# AND BACKUP WITHHOLDING

By signing below, I certify under penalty of perjury, that (1) the Social Security Number (TIN) shown is my correct tax payer identification number and (2) I am NOT subject to backup withholding unless checked below, 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 and, (3) I am a U.S. person (including a U.S. resident alien).

X _____
Signature of Member Date

CERTIFICATION OF TAX ID# AND BACKUP WITHHOLDING

By signing below, I certify under penalty of perjury, that (1) the Social Security Number (TIN) shown is my correct tax payer identification number and (2) I am NOT subject to backup withholding unless checked below, 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 and, (3) I am a U.S. person (including a U.S. resident alien).

X _____
Signature of Joint Member Date