PRIMARY MEMBER INFORMATION	JOINT MEMBER INFORMATION
Name_____	Name_____
SSN / TIN _____	SSN / TIN _____
Address_____	Address_____
City_____State_____Zip_____	City_____State_____Zip_____
Email Addr. _____	Email Addr. _____
Home Phone_____Business Phone_____	Home Phone_____Business Phone_____
DOB___/___/___ Driver's License #_____	DOB___/___/___ Driver's License #_____
Mothers Maiden Name_____	Mothers Maiden Name_____
Last School Attended _____	Last School Attended _____
Employer_____	Employer_____
Employers Address _____	Employers Address _____
Position_____How Long?_____	Position_____How Long?_____
Purpose of Account _____	

In order to be eligible for membership you must 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

Under penalty of perjury, I certify that:
(1) The number shown on this form is my correct 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 withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
(3) I am a U.S. person 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. X item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. By placing an X in item 2 this serves to strike out the language relating to underreporting.

By signing this membership application, I/We certify, under penalty of perjury, that I/We are eligible for membership in the Empire ONE FCU, and agree to its bylaws and amendments thereof and subscribe for at least one share. 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 Empire One 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.

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 Empire One FCU:

___Share Draft/Checking ___Vacation Share ___Holiday Acct ___Share Certificate ___Money Market ___VISA ___Debit Card ___Home Banking/Bill Pay

Signatures

Primary Member's Signature_____Date:_____

Notary:
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.*
(Notary Public Signature)_____Date: _____

Joint Member's Signature_____Date:_____

Notary:
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.*
(Notary Public Signature)_____Date: _____

*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).

DESIGNATION OF BENEFICIARY FOR SHARES

I/We_____ hereby designate _____
        Name of Account Owner(s)   Name of 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:_____