



Acct. # \_\_\_\_\_

Acct. Type \_\_\_\_\_

Date \_\_\_\_\_

Branch \_\_\_\_\_

# SCHOOL BANKING MEMBERSHIP APPLICATION

SEFCU USE ONLY	ID Type Number	Issued	Expires	Member Group Code	Member Eligibility	SSN State	Operator	ChexSystems Results
_____	_____	_____	_____	_____	_____	_____	_____	_____

1. Name: \_\_\_\_\_

2. Home Mailing Address: \_\_\_\_\_

City

State

Zip

3. E-mail Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Home Phone Number: \_\_\_\_\_

7. Cell Phone Number: \_\_\_\_\_

8. Mother's Maiden Name \_\_\_\_\_

I/we authorize SEFCU to establish a Smart Sense account and online banking for this applicant.

Other available services:

- **Owner's Choice Savings** – A savings account that allows you to save for a goal and name the account anything you wish.
- **Smart Sense Savings Certificate** – A certificate that only requires \$100 to establish and includes registry announcement cards that families can distribute to other family members.

For additional products and services, contact SEFCU Member Solutions Center at 800-727-3328 or visit any SEFCU branch.

**(application continued on back)**

<b>SEFCU USE ONLY</b>	ID Type Number	Issued	Expires	Member Group Code	State	Year
	_____	_____	_____	_____	_____	_____

9. Joint Owner Name \_\_\_\_\_ 10. Mother's Maiden Name \_\_\_\_\_

11. Mailing Address \_\_\_\_\_ 12. E-mail Address \_\_\_\_\_

13. Date of Birth \_\_\_\_\_ 14. Social Security Number \_\_\_\_\_ 15. Occupation \_\_\_\_\_

16. Work Phone Number \_\_\_\_\_ 17. Home Phone Number \_\_\_\_\_ 18. Cell Phone Number \_\_\_\_\_

19. Employment Status \_\_\_\_\_ 20. Employer \_\_\_\_\_ 21. Employment Duration \_\_\_\_\_

22. Title \_\_\_\_\_ 23. Gross Income \_\_\_\_\_ 24. ID State \_\_\_\_\_

25. Occupancy Status \_\_\_\_\_ 26. Occupancy Duration \_\_\_\_\_

**SEFCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes SEFCU to obtain a consumer credit report in connection with this process and at your request, the credit union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.**

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

**Under penalties of perjury, I certify that: (1) the number shown on the form is my correct taxpayer identification 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, (3) I am a U.S. person (including a U.S. resident alien), and (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.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

29. 

Owner Signature (student)  X	Joint Owner Signature (parent/guardian)  X	Membership Officer  X
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State of New York  
 County of \_\_\_\_\_  
 On this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_  
 known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

\_\_\_\_\_  
Notary Public



**Smart Sense Youth Account  
Guarantee of Account  
(Parent and/or Guardian)**

Minor Name	Minor's Account No.	Date
Parent/Guardian Name		Parent/Guardian Name

In consideration of opening this account and/or issuance of a debit card in the above minor's name, I/we (Guarantor(s)) agree to be responsible and liable for any and all account activity (debits, fees, other charges) on this account. I/we unconditionally guarantee against any losses on this account and the prompt payment of any and all indebtedness according to the terms outlined in the SEFCU Member Benefits Guide and Fee Schedule. SEFCU may recover any such indebtedness owed from me/us without first trying to collect from the minor account owner. My/our guarantee may be revoked as to future transactions by written notice, signed by me/us and delivered to SEFCU.

Date: \_\_\_\_\_  X  
Parent/Guardian Signature "Guarantor"

Date: \_\_\_\_\_  X  
Parent/Guardian Signature "Guarantor"

(This form must be notarized if not signed in the presence of a SEFCU Representative)

State of New York County of \_\_\_\_\_  
On this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_  
and is known to me to be the individual(s) described in and who executed this instrument,  
and he/she duly acknowledged to me that he/she executed.

\_\_\_\_\_  
Notary Signature:  
  
\_\_\_\_\_  
Date

X

SEFCU Representative \_\_\_\_\_ Date \_\_\_\_\_