

Membership Application

Crouse Federal Credit Union

HOW TO JOIN

Please schedule your appointment by calling us (315)470-7928 . Please plan 20-30 minutes.

If you fit the criteria for our field of membership simply fill out this Membership Application. You will need two forms of identification (one must be US or State government issued ID). Proof of eligibility (Employment ID) To expedite your visit, consider faxing the completed forms to us prior to your appointment. Fax: 315-470-5633. A \$ 5.00 minimum deposit is required to open the account.

***If applying by mail, application and identification must be notarized.**

Parking is available in the Crouse Hospital Garage, please bring your voucher for 1 hr parking.

LOCATION:

Crouse Business Center – Room 228

730 S. Crouse Avenue, Syracuse, NY 13210

Phone: (315) 470-7928 Fax: (315) 470-5633

24 hr. Voice Response Line: (315) 425-SAVE (7283)

E-Mail: CreditUnion@Crouse.org

Website: www.crousefcu.com

Counter Hours:

Monday..... 7:30 AM – 2:00 PM

Tuesday..... 8:30 AM – 4:00 PM

Wednesday.....8:30 AM – 2:00 PM

Thursday.....8:30AM – 4:00 PM

Friday.....7:30 AM – 4:00 PM

Appointments can be made for certain situations

Monday – Friday 8:30am to 3:30 pm

Checking and Savings Services:

*Checking Accounts with Visa Debit Card

*Savings Accounts * Christmas & Vacation Clubs

*Certificates of Deposit

LOANS:

*New or Used Car or Truck

*Healthy Choice Loans

*New or Used Boat or RV

*Share Secured Loans

* Visa Credit Card

*Personal/Signature

* Secured Loans

*Line of Credit

OTHER BENEFITS:

*Mortgage Service Referral

*Online Banking

* Whole/Term Life Insurance

* Free Bill Pay

* Payroll Deduction

* Mobile Check Deposit *

Free Notary Service

*Money Orders

*Direct Deposit

*Postage Stamps

*Night Deposit

*Wire Transfers

* Gap Insurance

* Visa Gift Cards

* Mechanical Repair Coverage

*Auto/HomeOwner Ins.

Please refer to our Rate and Fee schedule for a full listing of current fees

Membership # _____

Membership Application (PLEASE PRINT)

Please designate the type of account.

____ Individual

____ Joint Ownership (Non-member)

____ Joint Account (Both parties must be members)

Indicate if two signatures are required for withdrawals Y___N___ (Accounts for minors 18yr under require 2 Signatures)

How are you, the primary applicant, eligible for Membership? Please select one of the following:

I am an employee, retiree, volunteer of Crouse Hospital or eligible company name _____

or

I am eligible because I am a family/household member of an individual who meets any of the criteria above.

Name _____ Circle One: Spouse/Daughter/Son/Grandchild/ Other Relationship

➤ Member To Complete:

Name _____

Employer Name _____

Address _____

Employer Phone _____

City, State, Zip _____

Department where you work _____

Social Security # _____

Date of Hire _____

Date of Birth _____

Driver License # _____ State _____

Employee # _____

Email Address _____

Home Phone _____

Mother's Maiden Name _____

Cell Phone _____

Code Word _____

➤ Joint Member To Complete:

Name _____

Employer Name _____

Address _____

Employer Phone _____

City, State, Zip _____

Department where you work _____

Social Security # _____

Date of Hire _____

Date of Birth _____

Driver License # _____ State _____

Employee # _____

Email Address _____

Home Phone _____

Mother's Maiden Name _____

Cell Phone _____

Code Word _____

By signing below, I/we certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding 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.

• Are you subject to backup withholding? _____ Exempt? _____

• Are you a United States Citizen, Permanent Resident Alien, or a Non-Resident Alien? _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability, Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I authorize the Credit Union to run a credit report. If you request it, the credit union will tell you the name and address of any credit bureau from which it received a consumer report on you.

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

X _____

X _____

Signature of Member Date

Signature of Joint Member Date

X _____

X _____

Witness by CU Staff or Notary Date

Witness by CU Staff or Notary Date

Approved for Membership _____ Date _____

Your funds are insured by the National Credit Union Administration, a federal agency

Member Please Complete



A minimum deposit of \$5.00 is required to establish membership and maintain a savings account.

In addition to a regular savings account, please sign below if enrolling in any of the following:

- ATM Card (must be 18 years of age)
- Home Banking with E-statements
- Home Banking without E-statements
- Courtesy Pay
- Christmas & Vacation Clubs

Certificate of Deposits---Amount \$ _____

I/We would like information in the following areas:

Checking Account with Visa Debit Card
(Must be 18 years of age)

Second Chance Checking Visa or ATM Card
(Must be 18 years of age)

- New or Used Car or Truck Healthy Choice
- New or Used Boat or RV Share Secured
- Visa Credit Card Personal/Signature
- Other Secured Line of Credit

OTHER BENEFITS:

- Online Banking Life Insurance
- Free Bill Pay Payroll Deduction
- Park Tickets Notary Service
- Mortgage Service Referral Money Orders
- Direct Deposit Postage Stamps
- Night Deposit Car Fax Reports
- Wire Transfers Visa Gift Cards
- Gap Insurance Mortgage Service Referral
- Tax Preparation Discounts Auto/Homeowner Ins

Thank you for joining our credit union. We will do our very best to meet your personal and financial needs.

Donna Ladley
Manager

Credit Union Use:

Service	Date	Initial	Comments
Checking			
Savings			
Home Banking/EStatement			
Cash Access			
ATM/Visa Debit Card			
Loans			
Credit Card			
Discussion:			
Funds Availability			
NCUA Insurance			
Opt In			
E statements			
Required Actions			
Member ID			
OFAC			
Chex systems			
Experian			
Notes			
Deductions			
Transfers			
Code Act			
Follow Up Date/Info			
Calendar Entry			
Notes			

If ATM/Visa Card approved:
Date: _____ Approved by: _____

ATM /Debit Card:
4842 9990 000 _____ 0

Member Share # PBF: 00000 _____
Date Ordered _____ ATM Limits: _____
VISA Limit _____
POS _____

Account Information

Call anytime during our open hours. You will not deal with long phone holds, transfers, voice mail.

Or
Visit www.crousefcu.com for forms and information
Or

Brochures are available across from our ATM machine in the Crouse Hospital Basement near the Security Department.

Deposits and Payments:
Payroll Deduction/Direct Deposit is always available. You may make transactions at the credit union, by mail, or through one of our day/night drop boxes. The drop boxes are located in the basement of the West Tower—opposite the elevator and at the front door of the credit union. Forms, loan applications, and deposit/payments may be left for pick up. Schedule is posted. (Cash is not suggested)

Mobile Banking: Deposits may also be made using our Mobile Banking App

Voice Mail (24 Hrs)
315-470-7927

Check Request by 1pm-same day mailing
(Checks are mailed to the address on file)
Leave messages for Call Back

On Call- 24 Hour Voice Response
315-425-7283(Save)

Using your telephone: Enter your membership number provided to you on your membership card. Enter the last four digits of your social security number. Follow the prompts. You may check balances, transfer money between accounts, and request checks.

Home Banking
www.crousefcu.com

Enrollment is required to use this product. Visit the Apple or Google store to download the mobile app. Using this product will provide you with current account information. You will have the ability to transfer funds between your accounts. You may request funds, obtain check copies, review newsletters for latest happenings. Members who maintain our checking accounts may enroll in our free Bill Pay program. E-Statements are available.

Email: creditunion@crouse.org