Membership Application

¢rou$e Federal Credit

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 basic membership savings. Requests for ATM/Debit card or Draft Checks a minimum deposit of $25.00.

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

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: info@crousefcu.com
Website: www.crousefcu.com

Please refer to our website or call the Credit Union for Current Hours

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	*Regal Movie Passes
* Mechanical Repair Coverage	*Auto/Home Owner Ins.

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

*Membership #*_____ *Share Draft Act # 1396*__ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Signature Card Membership (PLEASE PRINT)

Please designate the type of account.
SAVINGS SHARE ACCOUNT_____ **CHECKING Share Draft** _____

_____ **Individual Ownership** ____ **Joint Account (Both parties must be members)** ____ **Joint Account (non member)**

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 _____
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_____ Employee # _____
Social Security #_____ Department _____ _____
Date of Birth _____ Date of Hire_____
Driver License # _____ State_____ Mother Maiden Name_____
Email Address _____
Home Phone _____ Code Word_____
Cell Phone_____

➢ Joint Member To Complete:

Name _____ Employer Name _____
Address _____ ___Employer Phone _____
City, State, Zip_____ ___Employee # _____
Social Security #_____ ___ Department _____ _____
Date of Birth _____ Date of Hire_____
Driver License # _____ State_____ Mother Maiden Name_____
Email Address _____
Home Phone _____ Code Word_____
Cell Phone_____

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? _____ **Y or N**
- Are you a United States Citizen, Permanent Resident Alien, or a Non-Resident Alien? **Y nor** N _____

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/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested 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 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

Reviewed by _____Date_____

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

Member: **Please Complete if you are applying for Share Draft Checking Services/and or ATM/ Visa Debit Card**

I/We are hereby applying for the Crouse Federal Credit Union ATM/VISA Debit Card and acknowledge that I/We agree to the terms and conditions of the VISA Debit Card Agreement and the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that may occur. I/We authorize the Credit Union to run a credit report. I/ We understand that I/We will receive disclosures from the Credit Union upon approval of my/our application.

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

Courtesy Pay Opt In Form

- -

_______ I want Crouse Federal Credit Union to authorize and pay items presented against non-sufficient funds. Please review accounts with any available funds in my Savings, Clubs, Checking accounts.

_______I would also like to apply for an Overdraft Line of Credit Loan account.

_______ I do not want Crouse Federal Credit Union to authorize and pay items presented against non-sufficient funds. The credit union should not transfer from other account. **Items will be returned and fees will be imposed. Continued card services may be impacted with NSF activity.**

Note: Please ask for information concerning Courtesy Pay program.

X YourSignature______________________________________Date_______________

Forms/108 Combo Membership Application 08/2026

Account Information

Call anytime during our open hours.

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.

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

Voice Mail (24 Hours)
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. 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.
You can also download our Mobile App by visiting the Apple store or Google Play store. With the mobile app – Mobile Check deposit services will be available to you.

Email: info@crousefcu.com