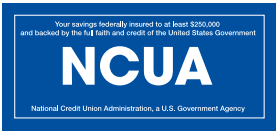


## We're Here For You

### Benefits of SPXFCU Membership

SPX Federal Credit Union is a not-for-profit financial institution owned and operated exclusively by our members. There are no outside stockholders who require a return on their investment. We offer the same products and services that other financial institutions offer- plus some they don't - and we strive to provide you with lower loan rates, higher dividends on your savings and lower fees.

SPXFCU is chartered, insured and supervised by the National Credit Union Administration (NCUA), an agency of the United States Government. Your funds on deposit are insured through the NCUA, up to a maximum of \$250,000 per account holder.



### Who Can Join

We are a faith-based credit union. You may join SPXFCU if you belong to:

- ◆ One of the many churches in our field of membership
- ◆ St. Pius X School
- ◆ Door of Hope Club
- ◆ Aquinas Institute
- ◆ Roberts Wesleyan College
- ◆ Hope Hall School
- ◆ Priests and Pastoral Administrators of the Diocese of Rochester
- ◆ or a family member of a current SPXFCU member

You can receive more information by calling an SPX representative at 585-247-0724 or by visiting us online at [www.spxfcu.org](http://www.spxfcu.org).

## Additional Accounts

I would like additional information on these accounts/services with SPXFCU:

#### Accounts:

- Savings (\$5.00 minimum)
- Checking
- Money Market Account
- Certificate of Deposit
- Traditional IRA
- Roth IRA
- Coverdell Education Savings Account
- Holiday Account
- Secondary Savings Account
- Youth Account

#### Services:

- Debit Card
- Order Checks
- Direct Deposit
- Online Banking

#### Financial Products:

- VISA Classic
- VISA Gold
- Student Loans
- Auto, Motorcycle Loan
- RV, Boat, Custom Truck Loan Mortgage
- Home Equity LOC
- Tax Advantage Loan
- Home Improvement Loan
- Overdraft Protection/Line of Credit Loan
- Personal Loan



2998 Chili Avenue  
Rochester, NY 14624  
585-247-0724  
Fax# 585-247-0729  
Voice Response: 888-347-0724

[www.spxfcu.org](http://www.spxfcu.org)



# Membership Application



Welcome to



## Become a Member

If you are in our field of membership, just follow these steps to open a new account:

1. Complete and sign this membership enrollment application.
2. Provide a copy of your driver's license or valid primary form of ID.

### Primary Form of ID

Driver's License  
 Current Work Picture Pass  
 Valid Passport  
 Pistol Permit  
 Student Picture ID  
 Social Services Picture ID  
 NYS Non-Driver ID  
 Government Issued Picture ID

3. Provide a check for at least \$5.00 for each account you wish to open.  
 (Made payable to SPXFCU)
4. Bring the Membership Enrollment Form to  
 SPX Federal Credit Union  
 2998 Chili Ave.  
 Rochester, NY 14624

## Income Tax Withholding Certification

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number.
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 (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

## Certification Instructions:

You must cross out item (2) in the paragraph above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

## Primary Member

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Driver's License# \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

### How are you eligible for SPXFCU membership?

Please NAME one of the following:

Church: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Family/Household member: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### I/We request a Debit/ATM Card

By signing this membership enrollment form, you certify, under penalty of perjury that you are eligible for membership in SPX Federal Credit Union (SPXFCU), and you agree to abide by the membership rules and by-laws of SPXFCU. You apply and agree to be bound by the rules for the above account(s) and service(s). A copy of the rules has been furnished to you. It is a violation of federal law to join this credit union if you are not eligible for membership. SPXFCU will request information to verify your identity when required in accordance with the USA Patriot Act of 2001. This application may be subject to periodic audit. **The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding. The account(s) will be opened in the name of the member who signs below:**

\_\_\_\_\_  
 Signature of Primary Member Date

## Joint Member

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Driver's License# \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

### Beneficiary Information:

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Joint Member Date

<b>FOR OFFICE USE ONLY</b>	Date Opened: _____	Debit/ATM Card Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	9/2014
Account Type: _____	Opened By: _____	OFAC/Qualifile: _____	
Primary Account #: _____	Checking Account #: _____	Disclosures Provided: _____	