

OVERDRAFT PROTECTION / LINE OF CREDIT APPLICATION

If you do not wish to apply for credit at this time, do not complete this section.

The fixed daily periodic rate is 0.04644% with a corresponding ANNUAL PERCENTAGE RATE OF 16.95%.

Please check the appropriate box below:

- If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Member/Applicant Information.
- If you are applying for a joint account or an account that you and another person will use, complete all sections providing information about the joint applicant.

We intend to apply for joint credit:

Applicant Signature _____

Joint Applicant Signature _____

Credit Limit Requested \$ _____

Member / Applicant Information

Own Rent Other (specify) _____

Monthly payment (include taxes & insurance) \$ _____

Gross annual salary \$ _____ Other income* \$ _____

Source of other household income _____

Joint Member / Applicant Information

Own Rent Other (specify) _____

Monthly payment (include taxes & insurance) \$ _____

Gross annual salary \$ _____ Other income* \$ _____

Source of other household income _____

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.

Applicant Signature _____ Date _____

Joint Applicant Signature _____ Date _____

For Office Use Only: Account # _____



WELCOME TO THE SUMMIT FEDERAL CREDIT UNION

The Summit Federal Credit Union was established to improve the lives of our members. From our products and services to our friendly and knowledgeable staff, we are here to help you achieve your financial goals through every phase of your life.

PRODUCTS & SERVICES

The Summit has financial solutions for everyone. These include:

- Savings and checking options, plus a Visa® Debit Card with Purchase Rewards and cash back.
- Convenient, free online access and mobile banking.
- A network of partner ATMs and over 5,000 nationwide CO-OP Shared Branches.
- Affordable loans, including mortgages, home equity lines of credit and Summit Express™ Auto Loans.
- Visa® Credit Cards with cash back, enhanced rewards and identity theft protection.
- Investment options and retirement planning through The Summit Retirement & Investment Services* from CUNA Brokerage Services, Inc. located at The Summit Federal Credit Union.

JOINING THE SUMMIT

You're eligible to join if:

- You're an employee, retiree, or volunteer for one of our member companies.
 - You're related to or share a permanent residence with a Summit member or potential member.
 - You work, live, worship, volunteer, or attend school in the City of Rochester, City of Buffalo, City of Syracuse, City of Geneva, City of Tonawanda, Town of Henrietta, Town of Amherst, Town of Tonawanda, or Cortland County.
 - Your organization has an approved associational tie with The Summit.
- For more information, visit summitfcu.org, contact our Member Service Center at (800) 836-7328 extension 7030, or stop into any Summit branch.



YOUR FUNDS ON DEPOSIT AT THE SUMMIT ARE INSURED THROUGH THE NCUA UP TO A MAXIMUM OF \$250,000 PER ACCOUNT HOLDER THE SUMMIT IS FEDERALLY INSURED BY THE NCUA AND IS AN EQUAL HOUSING LENDER

*Securities sold, advisory services offered through CUNA Brokerage Services, Inc. (CBSI), member FINRA/SIPC, a registered broker/dealer and investment advisor. CBSI is under contract with the financial institution to make securities available to members. **Not NCUA/NCUSIF/FDIC insured, May Lose Value, No Financial Institution Guarantee. Not a deposit of any financial institution.** CHARTERED RETIREMENT PLANNING COUNSELOR (SM) and CRPC® are registered service marks of the College for Financial Planning®.

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MEMBERSHIP ENROLLMENT APPLICATION

WELCOME TO THE SUMMIT!

Please complete this application and start enjoying all the benefits of membership



CORPORATE HEADQUARTERS

Canal Ponds Business Park
100 Marina Drive | Rochester, New York 14626

(85) 453-7000 | (800) 836-SFCU

summitfcu.org



PRIMARY APPLICANT INFORMATION

Name _____
 Social Security Number or TIN _____
 Physical Address _____
 Mailing Address (if different) _____
 City _____ State _____ Zip _____
 Email Address _____
 Phone #1 (_____) _____ Phone #2 (_____) _____
 Date of Birth _____ / _____ / _____ Driver License Number _____
 Employer _____
 Employer Address _____
 Position _____ Years There _____
 Name and Address of Nearest Living Relative _____

JOINT APPLICANT INFORMATION

Name _____
 Social Security Number or TIN _____
 Physical Address _____
 Mailing Address (if different) _____
 City _____ State _____ Zip _____
 Email Address _____
 Phone #1 (_____) _____ Phone #2 (_____) _____
 Date of Birth _____ / _____ / _____ Driver License Number _____
 Employer _____
 Employer Address _____
 Position _____ Years There _____
 Citizenship (see green box): U.S. Citizen /Permanent Resident Alien Non-Resident Alien and I certify that the statements on the W-8BEN are true

U.S. Citizen / Permanent Resident Alien:

Under penalties of perjury, I certify that (1) the SSN/TIN provided on this form is correct, (2) I am not subject to backup withholding and (3) I am a U.S. Citizen or U.S. Resident Alien unless I have indicated above that I am a Non-Resident Alien. The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing this membership application, I certify, under penalty of perjury, that I am eligible for membership in The Summit Federal Credit Union, and agree to its bylaws and amendments thereof and subscribe for at least one share. I further request The Summit to issue me a Personal Identification Number (PIN) for use in connection with The Summit's audio response system (Quik Tran) and Online Services. Use of the PIN will be governed by the terms of The Summit's Electronic Funds Transfer Agreement & Disclosure which may be amended from time to time. I have read and fully understand the Membership and Account Agreement and Rate and Fee Schedules, and agree to abide by their terms which may be amended from time to time. I certify that all statements made by me herein are true and complete and, if I have requested an Overdraft Protection/Line of Credit for the purpose of obtaining credit, I authorize The Summit to obtain a credit report in connection with this application as well as for any update, renewal, extension, collection or review of a loan. I authorize The Summit to use the consumer report for marketing purposes, including loan pre-approvals, and in considering whether to offer other credit and services to me. In addition, I authorize The Summit to investigate and verify with others any credit and income references and other credit information about me in order to determine my eligibility for membership and/or this loan or any future extension of credit. At my request, The Summit 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 Summit may exchange with others (including consumer reporting agencies) information regarding its credit experience with me. If The Summit approves my credit application, I will receive an acceptance letter notifying me of my credit limit and a complete copy of the Overdraft Protection/Line of Credit Loan Agreement and Truth-in-Lending Disclosure Statement, which includes a statement of my billing rights. If I request an advance by any of the ways described in that agreement, I will have indicated my agreement to all of the terms of that agreement. The Summit will request information such as a copy of my driver license to verify my identity per the USA Patriot Act of 2001. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. I will provide my name, address, date of birth, and any other information that will allow The Summit to identify me.

Primary Applicant Signature _____ **Date** _____

Notary
State of New York ss.: County of _____ on the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. Signature of Notary _____

Citizenship (see green box): U.S. Citizen / Permanent Resident Alien Non-Resident Alien and I certify that the statements on the W-8BEN are true

How are you, the primary applicant, eligible for Summit membership?

Please select one of the following:

- I am an employee, retiree, volunteer, or member of the eligible company or association listed below:
 or
 Live, Work, Worship, Volunteer or Attend School in the geographic boundaries of the: **(circle one)**
 City of Rochester City of Buffalo City of Syracuse
 City of Geneva City of Tonawanda Town of Henrietta
 Town of Amherst Town of Tonawanda Cortland County
 or
 I am eligible because I am a family/household member of an individual who meets any of the criteria above.
 Name _____
 Address _____
 Phone _____ Employer _____
 Relationship: Spouse Sister/Brother Grandparent Grandchild
 Daughter/Son Parent Household Member

ACCOUNT INFORMATION REQUEST

A minimum deposit of \$5.00 is necessary to establish membership and maintain a savings account. In addition to a Primary Savings Account, I would like to add these accounts/services with The Summit:

SUMMIT ACCOUNTS

- Enhanced Checking
 Premium Checking (\$1,000 average daily balance)
 Basic Checking (no ATM access)

SUMMIT SERVICES

- Visa® Debit Card (not available with Basic Checking)
 Direct Deposit
 Overdraft Protection/Line of Credit - Please complete application on the reverse side

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

Joint Applicant Signature _____ **Date** _____

Notary
State of New York ss.: County of _____ on the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. Signature of Notary _____