

# We're Here For You

## Welcome to the SNI Federal Credit Union.

The SNI 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. For this reason, we can offer you low fees, competitive loan rates and higher dividends on your savings.

We are here for all your banking needs including checking and savings accounts, debit card, FREE online and mobile access and a variety of loans. We are committed to helping you through every phase of your life!

## We're Proud to be a Federal Credit Union

The SNIFCU is chartered, insured and supervised by the National Credit Union Administration (NCUA), an agency of the United States Government. In general, your funds on deposit at SNIFCU are insured through the NCUA, up to a maximum of \$250,000 per account holder, and your retirement accounts (Traditional and Roth IRA's) are insured up to \$250,000 per account holder.

## Joining SNIFCU

If you're an enrolled member of the Seneca Nation of Indians, an employee, or volunteer of one of our member companies; if you're related to or share a permanent residence with a current SNIFCU member – you're eligible to join! Your SNIFCU Member Service Representative can provide more information or visit our website at [www.snifcu.org](http://www.snifcu.org)

## How to Join SNIFCU Today

Simply complete this Membership Enrollment Application and bring it to any SNIFCU branch or visit our website for information regarding mailing in your application.



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government, National Credit Union Administration, a U.S. Government Agency.

## Member Information

Loan Amount: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Own  Rent  Other (specify) \_\_\_\_\_

Monthly payment (*includes taxes and insurance*) \_\_\_\_\_

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

Source of other household income \_\_\_\_\_

Name and address of nearest living relative:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## For Office Use Only

Opened by \_\_\_\_\_

Teller Number \_\_\_\_\_

Date \_\_\_\_\_

Membership Officer Signature \_\_\_\_\_

12837 Route 438 · Irving, New York 14081 · (716) 532-8179  
90 Ohi:Yo Way · Salamanca, New York 14779 · (716) 945-8510  
[info@snifcu.org](mailto:info@snifcu.org)  
[www.snifcu.org](http://www.snifcu.org)



## Membership Enrollment Application



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

# Welcome to SNI Federal Credit Union

## PRIMARY MEMBER INFORMATION

Member No. \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
Government ID Number \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Passcode \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Email \_\_\_\_\_

## JOINT MEMBER INFORMATION

**Joint Owner:** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
Government ID No. \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail: \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
Government ID No. \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail: \_\_\_\_\_

## MEMBER ELIGIBILITY

**How are you, the primary applicant, eligible for SNIFCU membership?**

I am an employee, volunteer, or member of (eligible member companies)

\_\_\_\_\_ or \_\_\_\_\_  
 I am eligible because I am a family/household member of an individual who meets the criteria.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Relationship:  Spouse  Sister/Brother  Grandparent  
 Grandchild  Daughter/Son  Parent  Household Member

## ACCOUNT TYPES, SERVICES AND PRODUCTS REQUESTED

**I/We submit a minimum deposit of \$5.00** to establish membership and maintain a savings account. In addition to a Regular Savings Account, I/We would like to add these accounts/services with SNIFCU:

### SNIFCU ACCOUNTS

- Checking
- Money Market Account
- Holiday Club Account
- Vacation Club Account

### SNIFCU SERVICES

- Debit Card
- Personal Checks
- Direct Deposit
- Home Banking

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer-identification number (or I am waiting for a number to be issued), 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 as a result of a failure to report all interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. Person. For federal tax purposes, you are considered a U.S. person if you are: an*

*individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7)*

**Certification Instructions:** Cross out 2 above items 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.

**By signing this membership application,** I/We certify, under penalty of perjury, that I/We are eligible for membership in SNI Federal Credit Union, and agree to its bylaws and amendments thereof and subscribe for at least one share. Use of the PIN will be governed by the terms of the Credit Union's Electronic Funds Transfer Agreement and Rate and Fee Schedules, and agree to abide by their terms as the same may be amended from time to time. I certify that all statements made by me herein are true and complete. I authorize you to obtain a credit report from a consumer reporting agency (credit bureau) in connection with this application and in connection with the update, renewal, or extension of any credit granted in response

to this application. I authorize the Credit Union 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 extension of credit and for any update or renewal thereof or future extension of credit. At my request, the Credit Union 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 Credit Union may exchange with others (including consumer reporting agencies) information regarding its credit experience with me.

## SIGNATURES

**Primary Member** \_\_\_\_\_ **Date** \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_ Day of \_\_\_\_\_ before me personally came \_\_\_\_\_  
she executed the same.\* \_\_\_\_\_ (Notary Public Signature)

**Joint Member** \_\_\_\_\_ **Date** \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_ Day of \_\_\_\_\_ before me personally came \_\_\_\_\_  
she executed the same.\* \_\_\_\_\_ (Notary Public Signature)

\*If applying by mail, application must be notarized and Applicant(s) must include a legible copy of driver's license(s) and proof(s) of income (recent paystub).