

Joint Account Holder With Survivorship Without survivorship

NAME _____
SSN/TIN _____
Address _____
City, State, Zip _____
Home Phone _____ Date of Birth _____
Employer _____ Dept _____
Work Phone _____ Cell Phone _____
E-mail _____

BENEFICIARY (IES), if other than above, to be paid upon death.

Beneficiary _____
Street _____
City State Zip _____
Beneficiary _____
Street _____
City State Zip _____

ACCOUNT SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all accounts listed below unless the credit union is notified in writing of a change.
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under 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, and
(3) I am a U.S. person (including a U.S. resident alien). Certification Instruction. Cross out item (2) above 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.

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. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature _____ Date _____
X _____
Signature _____ Date _____
X _____
Signature _____ Date _____

On-the-Go Conveniences

Mobiliti Mobile Banking

Bank on the Go with our Mobile App! Transfer funds between accounts, view your account balances, pay bills and review your account history. Convenient and secure on-line banking from your mobile device.



Nationwide Free ATM

St. Vincent's Medical Center FCU belongs to the Allpoint ATM Network. With over 55,000 ATMs across the US, it is easy to find a convenient ATM and FREE withdrawals. To locate a free ATM, follow the Allpoint Network link from our Home Page or go to www.allpointnetwork.com to download the app.

www.svmcfcu.org

Grow with us!



Once a member, always a member.



**2800 Main St.
Bridgeport, CT 06606**

HOURS:
Mon, Tues, Wed: 8:30AM-1:30PM & 2:15PM-4:00PM
Thursday: 8:30AM-4:00PM Friday: 7:15AM-4:00PM

**Phone 475.210.5588
OnCall24 888.427.9404
Fax 475.210.5855**

www.svmcfcu.org

Membership Guide



Large enough to serve you yet small enough to know you.



www.svmcfcu.org

Welcome to Membership

We Belong to You!

Welcome to membership in the St. Vincent's Medical Center Federal Credit Union and all the benefits that membership brings. As a member of the credit union, you are part owner. We operate as a not-for-profit organization so that our members benefit from every dollar earned. This is why we are able to offer you low cost loans, competitive dividend rates, and state of the art banking conveniences.

Each member has a vote at every annual meeting where a Board of Directors is elected to govern the credit union along with the Chief Executive Officer. The Board and CEO strategize throughout the year in order to consistently provide member benefits while maintaining a healthy and stable financial organization.

Who Can Join?

Employees, doctors, nurses, medical staff, technicians and volunteers of:

- St. Vincent's Health Services and its subsidiaries:
- St. Vincent's Medical Center, Bridgeport, CT
- St. Vincent's Special Needs, Various locations
- St. Vincent's College, Bridgeport, CT (and students)
- St. Vincent's Behavioral Health, Various locations
- St. Vincent's Urgent Care, Various locations
- St. Vincent's Multi-Specialty Groups

And the following companies:

- American Medical Response, Bridgeport, CT
- St. Joseph's Manor (Genesis HealthCare), Trumbull, CT
- Golden Hill Health Care, Milford, CT
- West River Health Care, Milford, CT
- AAA Nursing, LLC, Stratford, CT

Family members are also eligible to join, including your spouse, children, parents, brothers, sisters, step-children, step-parents, grandchildren, grandparents and members of your household (persons living under your roof.)

Products and Services

Savings & Checking Accounts

- Share Savings
- High Yield Money Market
- Holiday Club
- Vacation Club
- Share Certificates

Loan Products

- New and Used Vehicle
- Home Equity Line of Credit
- Fixed Rate Home Equity
- Overdraft Line of Credit
- Debt Consolidation
- Share Secured
- Personal

Services

- ATM Cards & Debit Cards
- Debit Card Fraud Monitoring
- UChoose Rewards Debit Card Bonus Program
- Direct Deposit
- Payroll Deduction
- Money Orders
- Wire Transfers
- Notary Public
- Accidental Death & Dismemberment Insurance
- Legal Service Plan
- Amusement Park Discounts



Accounts are insured up to \$250,000 by the National Credit Union Administration

Home Banking

Virtual Branch On-line Banking

Manage your money without going to the branch! View your accounts, transfer funds, pay bills, review your account history and apply for loans.

www.svmcfcu.org



Check Free Bill Payer Service

Manage your bills and make payments without writing a check or paying postage. Save time and money with this convenient, free service.

OnCall24 Audio Response

Get account information and make transfers 24/7 with a phone call, 888.427.9404.



MEMBERSHIP APPLICATION

Primary Account Holder Account #: _____

NAME _____

SSN/TIN _____

Address _____

City, State, Zip _____

Home Phone _____ Date of Birth _____

Employer _____ Dept _____

Work Phone _____ Cell Phone _____

E-mail _____

Eligibility for Membership _____

Joint Account Holder With Survivorship Without survivorship

NAME _____

SSN/TIN _____

Address _____

City, State, Zip _____

Home Phone _____ Date of Birth _____

Employer _____ Dept _____

Work Phone _____ Cell Phone _____

E-mail _____