

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 CONVENIENCE

OnCall24 Audio Response

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

Nationwide Free Allpoint ATM Network

- Over 55,000 ATMS nationwide
- Free withdrawals
- Find a location:

www.svmcfcu.org



GROW WITH US!



*Once
a member,
always
a member.*



**2800 MAIN ST
BRIDGEPORT, CT 06606**

Monday - Wednesday

8:30 AM - 1:30 PM

2:15 PM - 4:00 PM

Thursday & Friday

7:15 AM - 4:00 PM

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

www.svmcfcu.org

WELCOME TO MEMBERSHIP

We Belong to You!

Welcome to St. Vincent's Medical Center Federal Credit Union. As a member of the credit union, you are part owner. As a not-for-profit organization, we offer our members 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. The Board and CEO strategize throughout the year to provide member benefits and a healthy and stable financial organization.



Who Can Join?

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

- Hartford Healthcare Medical Group, Fairfield Region
- St. Vincent's Medical Center, Bridgeport
- St. Vincent's Special Needs, Various Locations
- St. Vincent's Behavioral Health, Various Locations

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

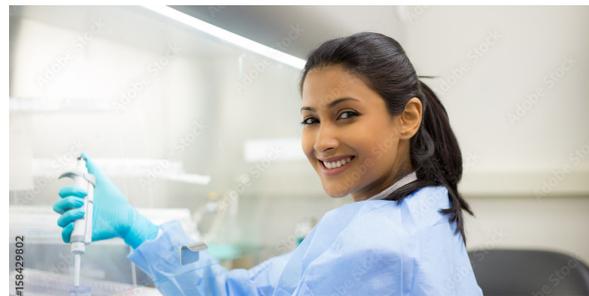
- Share Savings
- High Yield Money Market
- Holiday Club
- Vacation Club
- Share Certificates

Loan Products

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

Services

- Debit Cards
- Debit Card Fraud Monitoring
- UChoose Rewards Debit Card Bonus Program
- Direct Deposit
- Payroll Deduction
- Money Orders
- Wire Transfers
- Notary Public



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

ONLINE BANKING

www.svmcfcu.org

Online Banking Services

- View accounts
- View and print statements
- Transfer funds
- Pay bills
- Apply for loans

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.

SVMFCU Mobile Banking

Bank on the Go with our Mobile App!

- Mobile Check Deposit
- Transfer funds
- View account balances
- Pay bills
- View account history
- View statements



Mobile Deposit helps you manage your money from our mobile banking app.

Download the app today.

Talk to a teller for more information.



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 _____