



Non-Profit Organization Application/Modification

800.836.8010 PittsfordFCU.org

(v20170413)

ACCOUNT NUMBER(S)				<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> NEW SIGNER(S) <input type="checkbox"/> CHANGE SIGNER(S)
				<input type="checkbox"/> UPDATED _____

Non-profit organization must benefit or reside in one of the following membership areas:

- PITTSFORD
 MENDON
 HONEOYE FALLS
 VICTOR
 BLOOMFIELD
 RUSH
 LIMA
 AVON
 HENRIETTA
 PERINTON
 BRIGHTON
 EAST ROCHESTER

MEMBER ID (ORGANIZATION)	ORGANIZATION NAME <i>Girl Scouts WNY Troop</i>	TIN <i>16-0743096</i>
C/O	ADDRESS	CITY STATE ZIP
PHONE	CELL PHONE	EMAIL

I/we request that the following person(s) listed below be added as authorized signers on all account(s) noted. An authorized signer has the right to conduct transactions on the account and has no ownership or survivorship rights to the account or the funds in the account. They may only have information and the authority to write checks, use plastic, or process transactions.

**Each Authorized Signer must also complete a separate "Non-Profit Organization Authorized Signer form" prior to being added.*

AUTHORIZED SIGNER NAME <i>JOYCE VOLINO</i>	AUTHORIZED SIGNER NAME
AUTHORIZED SIGNER NAME	AUTHORIZED SIGNER NAME
AUTHORIZED SIGNER NAME	AUTHORIZED SIGNER NAME

Certification of Tax ID Number and Backup Withholding

The Internal Revenue Service does not require your consent to any provision of this documentation other than the certifications required to avoid backup withholding.

By signing below, I/we certify under penalty of perjury, that (1) the Tax ID number shown is the correct tax payer identification number and (2) that the above named organization is not subject to backup withholding because I/we have not been notified that the organization is subject to backup withholding as a result of a failure to report all dividends or interest or (3) because the IRS has notified the organization that is no longer subject to backup withholding.

Authorization and Tax ID Number Certification

By Signing below, I/we hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Pittsford Federal Credit Union. I/we also agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy, Truth-in-Savings Disclosure, and to any amendment you make from time to time which are incorporated herein. I/we authorize the Credit Union to verify credit and employment history as needed. I/we acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. All signers are verified by ChexSystems. I/we have full authority on behalf of this organization to authorize the addition and removal of the signers indicated above and understands that they will have full access to the funds in the accounts identified on this authorization form, and I/we have taken all necessary steps to authorize the additional signer(s).

ORGANIZATION'S PRESIDENT NAME	ORGANIZATION'S TREASURER NAME <i>JOYCE VOLINO</i>
PRESIDENT'S SIGNATURE	TREASURER'S SIGNATURE
DATE	DATE

Account Opened/Modified By: _____ Application Approved By: _____ Date: _____