

MEMBER ID (ORGANIZATION)						
ORGANIZATION NAME	Girl Scouts WNY Troop - - - - -					
ACCOUNT NUMBER (S):						

Important Information- Pittsford Federal Credit Union is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a Pittsford FCU Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number and Date of Birth.

Required Information- In order for an individual to be named as a signer on this account(s) in any capacity, they must provide picture identification and documentation reflecting the individual's current residential address.

NAME		MEMBER NUMBER	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
ADDRESS			
CITY		STATE/ZIP	
HOME PHONE		MOBILE PHONE	
IDENTIFICATION TYPE	NUMBER	ISSUE DATE	EXPIRATION DATE
EMAIL ADDRESS			

Required: Please attach one of the following valid forms of identification:

Driver's License ▶ Passport ▶ US Military ID ▶ US Work Visa ▶ Other Government Issued photo ID

Place copy here	AUTHORIZED SIGNER NAME
	SIGNATURE
	DATE

OFAC _____ Qualifile (ChexSystems) _____ ID Verification _____

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