



Member No: _____

Member Information

Name: _____

Address: _____

City/State/Zip: _____

Home/Cell Phone: _____

SSN/TIN: _____

Driver's Lic No: _____

Date of Birth: _____

Employer: _____

ACS Employee Location: (HS/MS/Elem/Bus/Maint/Café)

Employer Phone: _____

Complete the information and submit to your ACS, Town of Newstead or Village of Akron Payroll Clerk.

If you are an immediate family member of a current member, the completed membership card can be mailed to ASEFCU, 4977 North Ayers Road, Akron, NY 14001. Or you can call, 716-628-1419 to submit your membership card in person.

A copy of your Driver's License or Social Security Card must be submitted with your membership card.

A minimum of \$5 must be submitted and maintained in your account to keep your account open.

Please attach copy of Driver's License or Social Security Card

Account Designations

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee: _____

Address: _____

City/State/Zip: _____

Account Type

- Share/Savings Account
- Christmas Club
- Vacation Club
- Summer Savings Club

I agree that the changes on this card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.

X _____
Signature Date

For ASEFCU use only: Date of Membership: _____ Opened/App'd by: _____ Relationship to current member: _____
