Personal Checking/Savings Account Application

First Name: Last Name:

Submitted on:

Privacy Policy:
Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in **New York state.**

Important Information about Procedures for Opening a New Account
Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.
Security Notice:
You should ONLY fill out this Application online if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. Please do not use Firefox and Internet Explorer.

Instructions:
1. Complete Application and click "Submit Application" or fax it to 315-638-9871.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to open your account and any other documentary requests we may have. You may also be requested to provide photocopies of your Driver's License or other identification.

Federal law requires that we obtain your consent before providing required disclosures electronically. Your consent will apply only to this transaction. If you prefer to recieve paper copies free of charge after consenting to recieve electronic disclosures please call (315) 638-0233 and request them. Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your online application, you will not be able to withdraw your consent to recieve those disclosures electronically. However, you may withdraw your consent to recieve future disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already given. For account disclosures please click here. For fee schedule click here.

I/We would like to apply for the following account(s):	
Checking Accounts	☐ Simply Free Checking ☐ Benefits Checking ☐ Premier Interest Checking ☐ Fabulous Fifty+ Checking ☐ Free Student Checking
Savings Accounts	☐ Simple Savings ☐ Fabulous Fifty+ Savings ☐ Seneca Kids Super Saver ☐ Student Savings ☐ Companion Savings
Money Market Accounts	☐ Simple Money Market

Visa Check/ATM Card	☐ Visa/ATM Card
How did you hear about us? (required)	
Referrers Name (if applicable)	

Primary Joint Account Holder Information

First Name	Middle Initial	Last Name

Address Information (required)	Address Line 1 Address Line 2 City State ZIP Code

Home Phone	Work Phone

Date of Birth	Social Security No.	Country of Citizenship

Driver's License No.	Driver's License State	Issue Date	Expiration Date

Employer (required)	
Occupation (required)	
Email Address (required)	
If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information about the Joint Applicant or user.	☐ Check box for a Joint Account

Identification

To expediate your account opening please upload the identification of each person on the account by visiting senecasavings.com and using the dropbox found in the contact us tab if you meet the criteria listed below. For all other ID options or for anyone who is not a US citizen we will contact you to discuss what identification is required.
U.S. Citizens
Requirement: One ***(1)*** Primary

Primary Forms of ID:	**Notes:**
Driver's License	i.e., permanent, temporary, or learner's permit with a photograph
U.S. Passport	Or U.S. Passport Card
Federal or State Issued Photo ID Card	
U.S. Armed Forces Identification Card from a Branch of the U.S. Armed Forces	i.e., Army, Air Force, Navy, Marines, Coast Guard
Elder Letter	For Religious Exception (e.g. Amish)

Joint Account Holder (with right of survivorship)

First Name	**Middle Initial**	**Last Name**

Address Information	Address Line 1 Address Line 2 City State ZIP Code

Home Phone	**Work Phone**

Date of Birth	**Social Security No.**	**Your E-mail Address**

Driver's License No.	**Driver's License State**	**Issue Date**	**Expiration Date**

Employer	
Occupation	

Account Titling Information

(required)	◯ Individual ◯ Joint ◯ In Trust For ◯ Custodial

In Trust For (required)	**Name**	**Social Security No.**	**Date of Birth**	**Percentage**
Custodial (required)	**Name**	**Social Security No.**	**Date of Birth**	
Please choose a keyword to be used as a security feature on your account. You will be asked for this keyword when reaching out to Seneca Savings via telephone.				

The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that

(1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(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, or

(c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or

(d) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to **Seneca Savings** within sixty (60) days, then **Seneca Savings** is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **Seneca Savings, N.A.**

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **Seneca Savings, N.A.**

Federal law requires that we obtain your consent before providing required disclosures electronically. Your consent will apply only to this transaction. If you prefer to receive paper copies free of charge after consenting to receive electronic disclosures please call (315) 638-0233 and request them. Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your online application, you will not be able to withdraw your consent to receive those disclosures electronically. However, you may withdraw your consent to receive future disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already given.

For account disclosures please click here.

For fee schedule click here.

I/We AGREE with the above statement. By clicking submit below, I/WE wish to proceed with the application and acknowledge receipt of the above disclosures electronically. Submit is considered my/our electronic signature.