



## Make the Switch

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.

**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 and any other documentary requests we may have. You may also be requested to provide photocopies of your Driver's License or other identification.

### 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**

\_\_\_\_\_

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Your E-mail Address</b>
_____	_____	_____

<b>Driver's License No.</b>	<b>Driver's License State</b>	<b>Issue Date</b>	<b>Expiration Date</b>
_____	_____	_____	_____

Employer (required)	
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Occupation (required)	
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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.	<input type="checkbox"/> Check box for Joint Account
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**Joint Account Holder (with right of survivorship)**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
_____	_____	_____

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

<b>Home Phone</b>	<b>Work Phone</b>
_____	_____

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Your E-mail Address</b>
_____	_____	_____

<b>Driver's License No.</b>	<b>Driver's License State</b>	<b>Issue Date</b>	<b>Expiration Date</b>
_____	_____	_____	_____

Employer	
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Occupation	
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**Account Titling Information**

(required)	<input type="radio"/> Individual
	<input type="radio"/> Joint
	<input type="radio"/> In Trust For
	<input type="radio"/> Custodial

In Trust For (required)	<b>Name</b>	<b>Social Security No.</b>	<b>Date of Birth</b>	<b>Percentage</b>
	_____	_____	_____	_____
_____	_____	_____	_____	_____

Custodial (required)	<b>Name</b>	<b>Social Security No.</b>	<b>Date of Birth</b>
	_____	_____	_____
_____	_____	_____	_____

**I/We would like to apply for the following account(s):**

Checking Accounts	<input type="checkbox"/> Simply Free Checking
	<input type="checkbox"/> Seneca Rewards Checking
	<input type="checkbox"/> Premier Interest Checking
	<input type="checkbox"/> Fabulous Fifty+ Checking

Savings Accounts	<input type="checkbox"/> Simple Savings
	<input type="checkbox"/> Fabulous Fifty+ Savings
	<input type="checkbox"/> Seneca Kids Super Saver

Money Market Accounts	<input type="checkbox"/> Simple Money Market
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Visa Check/ATM Card	<input type="checkbox"/> Visa/ATM Card
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How did you hear about us? (required)	
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**Making The Switch**

I will need help with: <i>check all that apply</i>	<input type="checkbox"/> Balance transfer(s)
	<input type="checkbox"/> Loan transfer(s)
	<input type="checkbox"/> Closing my old account(s)
	<input type="checkbox"/> Getting new checks
	<input type="checkbox"/> Online access
	<input type="checkbox"/> Other:

**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**.

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**.

**I/We AGREE with the above statement**