

ID: MLC-001

MEMBER LOAN CONNECTION REGISTRATION FORM

Date: ____

Member Name:	HLB Member # 0 0 Note: If you have a 3-digit account, please leave the last line blank.
Street Address:	, , , , , , , , , , , , , , , , , , , ,
City, State & Zip:	
Primary Contact:	Contact #:
E-mail:	
Additional Contacts:	
Contact:	Contact #:
E-mail:	
Contact:	Contact #:
E-mail:	
Contact:	Contact #:
E-mail:	

Please return this completed form via the submit button or e-mail to MLC@fhlbny.com.

For questions regarding the Member Loan Connection service, technical questions or questions regarding the MLC forms, please contact Candice Soldano at (212) 441-6773.

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