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Account Card

MEMBER APPLICATION AND OWNERSHIP INFORMATION			
Member/Owner:	ATION	Member No:	
Street:	SSN/TIN:		
City/State/Zip:	Driver's Lic. No:		
Home Phone: Listed Unlisted	Date of Birth:		
Work Phone:	Password:		
E-mail:	Membership Elig	ibility:	
Employer:	Membership Liig	Dility.	
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the services requested.			
l — — — — — — — — — — — — — — — — — — —	<u>_</u> '	of a Committee male in	
☐ Individual ☐ Joint Account with Rights of Survivorship	Joint Account without Righ	nts or Survivorsnip	
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
ACCOUNT	DESIGNATIONS		
Payable on Death (POD)/Trust Account All Accounts D	esignate Specific Accounts		
Beneficiary/POD Payee:			
Street:	Street:		
City/State/Zip:			
City/State/Zip: City/State/Zip: UTMA (as custodian for			
(minor) under the New Jersey Uniform Transfers to Minors Act.)			
Minor's SSN/TIN:			
Agency Print Name of Agent:			
Signature:		Date:	
All Accounts Designate Specific Accounts			
	griate opecine Accounts	One Annual Authorization Cond	
Other:	INT TYPE	See Account Authorization Card	
ACCOUNT TYPE All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed			
unless the Credit Union is notified in writing of a change.	and other information indicated	on this Card apply to all of the accounts listed	
Suffix		Suffix	
Share/Savings:	Money Market		
Share Draft/Checking:	HSA:		
Share Certificate/Certificate:	Other:		
The account number for each of the accounts listed consists of the suffix ac		Number listed in the "MEMBER APPLICATION	
AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that			
account type.			
	T SERVICES		
Payroll Deduction/Direct Deposit:			
Audio Response:			
Overdraft Protection (Indicate transfer priority.):			
ATM Card:	Debit Card:		
PC Access/Internet Banking:			
Other:			

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION		
Under penalties of perjury, I certify that:		
(1) The number shown on this form is my correct taxpayer identification (2) I am not subject to backup withholding because: (a) I am exempt Revenue Service (IRS) that I am subject to backup withholding as notified me that I am no longer subject to backup withholding, and	n number (or I am waiting for a number to be issued), and t from backup withholding, or (b) I have not been notified by the Internal a result of a failure to report all interest or dividends, or (c) the IRS has	
(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, citizen or U.S. resident alien; a partnership, corporation, company, of the United States; an estate (other than a foreign estate); or a don (4) The FATCA code(s) entered on this form (if any) indicating that I am	exempt from FATCA reporting is correct.	
Certification Instructions. Cross out item 2 above if you have been notified have failed to report all interest and dividends on your tax return. Completing signature does not serve to certify this section.	ed by the IRS that you are currently subject to backup withholding because you te a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your	
Exempt payee code (if any)	Exemption from FATCA reporting code (if any)	
AUTHORIZATION		
By signing below, I/we agree 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/We have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
Signature Date	Signature Date	
X	X	
Signature Date	Signature Date	
X	X	
FOR CREDIT UNION USE ONLY See Account Change	ge Card See Insurance Beneficiary Card	
Date of Membership: Opened/App'd by:	Member Verification:	
Credit Report		
Access Card Audio Response	PC Access/Internet Banking	

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