



144 Route 38
PO Box 680
Moorestown, NJ 08057
Phone: 1-866-328-1360
Fax: 856-235-2904

Membership Application

1. Print this application.
2. Check all applicable boxes for the accounts and services you want to open.
3. Be sure to read and complete all of this form.
4. Signatures of Primary Owner and any Joint Owner are required.
5. Return completed form with initial deposits to the credit union.

<input type="checkbox"/> Primary Savings Account	<input type="checkbox"/> Sunrise Checking
<input type="checkbox"/> PAT Personal Audio Teller	<input type="checkbox"/> Payroll Deduction
<input type="checkbox"/> Other Share Savings Account	<input type="checkbox"/> VISA Check Card
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Corporate Account
<input type="checkbox"/> Primary Checking Account	<input type="checkbox"/> Christmas Club Account
<input type="checkbox"/> Other Checking Account	<input type="checkbox"/> Vacation Club Account
<input type="checkbox"/> Gold Money Market Saving	<input type="checkbox"/> Money Market Silver Saving
<input type="checkbox"/> Gold Money Market Checking	<input type="checkbox"/> Money Market Silver Checking

Primary Owner Name:	_____
Social Security # (tax id #):	____ _
Home Address:	_____

City: _____	State: __ Zip: _____
Date of Birth: __/__/____	Home Phone: (____) ___-____
E-mail Address:	_____
Employed By:	_____
Employer Address:	_____
Employer Phone Number:	(____) ___-____
Mother's Maiden Name:	_____
If joining through family member, please enter their name and relationship:	
Family Member Name:	_____
Relationship:	_____
Employed By:	_____
Employer Address:	_____
Employer Phone Number:	(____) ___-____
Work Phone:	(____) ___-____
<hr style="border: 2px solid blue;"/>	
Joint Owner Name:	_____
Social Security #:	___ __ ___
Home Address:	_____
City: _____	State: __ Zip: _____
Date of Birth: __/__/____	Home Phone: (____) ___-____
E-mail Address:	_____
Employed By:	_____
Employer Address:	_____
Employer Phone Number:	(____) ___-____
Mothers Maiden Name:	_____

- I/We have read the Rate and Fee Schedule.
- I/We have read the Truth and Savings Disclosure.

Enclosed is my/our initial deposit to open a (required for membership) Primary Savings Account (minimum \$5.00 must be maintained at all times).

Enclosed is my/our initial deposit to open a Primary Checking Account (minimum \$1.00)

Enclosed is my/our initial deposit to open a Other Checking Account (minimum \$1.00)

I/We acknowledge that I/we have received copies of all disclosure statements informing me/us of my/our rights under the Electronic Funds Transfer Act and Truth-in-Savings Act, as applicable. I/We understand the credit union may terminate this agreement at any time.

Primary Owner _____ Date __/__/____

Joint Owner _____ Date __/__/____

Certification

Under 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 either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement account (IRA), and payments other than interest and dividends).
3. I have read and understand all disclosures on this form.

Note:

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 underreporting interest or dividends on your tax return.

VISA Check/ATM Card

PIN (Personal Identification Number) ____ _

A PIN is required for a VISA Check Card. Choose and write in any four-digit number in the space given. Make a special effort to memorize your number. For security purposes, it will not be included with your VISA Check Card. When activated, no record of your PIN will be kept at the credit union. If you lose or forget your PIN; notify the credit union immediately. You will be required to submit a new application.

I/We have read the VISA Check/ATM Card Disclosure.

The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulations therein, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made.

I/We hereby authorize the Credit Union to establish this Checking Account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

(a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this Account.

(b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in the Account. However, if any of the undersigned writes a check that would exceed such balance and result in this Account being overdrawn, the Credit Union, may nevertheless, pay such checks and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.

(c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitations on the time of payment) appearing on the check.

(d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.

(e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment for nonpayment of a check.

(f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is applied.

(g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.

(h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.

(i) If this Agreement is signed by more than one person, the persons signing below shall be the joint owners of the Account which, in that event, shall be subject to all terms and conditions printed on this application.

Savings insurance is carried in connection with my account, I agree, in consideration of the credit union carrying such insurance, that any designation or change of beneficiary made by me shall only be binding upon the credit union, if I have filed with the credit union prior to my death, such designation or change of beneficiary, in writing, signed by me, on the form supplied by the credit union; and in the absence of so filing a designation or change of beneficiary, I agree on behalf of myself, my heirs, etc., to indemnify and save harmless the credit union from all loss or damage by reason of the payment of the proceeds of such insurance to such person as the credit union records show to be entitled therein.

By signing this card, you authorize the credit union to obtain credit reports in connection with this application for membership, services and /or credit, and for update, renewal or extension of the credit received, if applicable. If you request, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner (Signature) _____ Date: ___ / ___ / _____

Joint Owner (Signature) _____ Date: ___ / ___ / _____

JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)

THE CREDIT UNION is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall affect transactions theretofore made.

FOR INTERNAL USE ONLY

This application approved by the:

Board Executive Committee Membership Office.

Date: ___ / ___ / _____ Signed

(Person representing approver of application)

