



MEMBERSHIP APPLICATION

Important Information About Procedures for Opening a New Account: 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.

Name (please print full name)	Social Security #	Date of Birth		Home Phone #
*Mailing Address	City	State	Zip Code	Cell Phone #
Physical Address (if different than mailing addr)	City	State	Zip Code	Work Phone #
Email Address	Mother's Maiden Name		Passcode (optional)	

*If address on identification is not current you must provide alternative documentation (utility bill, lease, etc.)

ID Information (government issued/non-expired)

ID Type	ID #		
State/Country	Issue Date	Exp. Date	

How are you eligible for Membership? (skip if existing member)

☐ Employee/retiree of _____ Date of Hire _____ Employee # _____

☐ Relative of a member (member's name and relationship) _____

Referred by _____

Account Options

Account Type (choose one) → ☐ Individual ☐ Joint with Right of Survivorship ☐ Minor (Parent/Legal Guardian required)

Membership automatically includes savings and checking account, debit card, online and mobile banking, electronic billpay, and Zelle
(minors under 14 will have savings account only)

Choose from the following options:

☐ Checks (first order free)

☐ Overdraft Protection* (choose one) → ☐ Savings only ☐ Savings first, then Line of Credit ☐ Line of Credit first, then Savings

☐ No Overdraft Protection

*Savings account withdrawals, including transfers, limited to six (6) per month. Fees may apply. Overdraft line of credit options require credit approval. Initial here to authorize credit inquiry. _____

Joint Owner (Optional)

Joint Owner 1 ☐ Parent/Legal Guardian (required on minor accounts)

Name (please print): _____

Social Security #: _____ Date of Birth: _____

ID Type: _____ ID Number: _____

State/Country: _____ Issue Date: _____ Exp. Date: _____

Physical (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Joint Owner 2 ☐ Parent/Legal Guardian (required on minor accounts)

Name (please print): _____

Social Security #: _____ Date of Birth: _____

ID Type: _____ ID Number: _____

State/Country: _____ Issue Date: _____ Exp. Date: _____

Physical (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Payable On Death Beneficiary (Optional)

Beneficiary #1 Name (please print): _____ Relationship to Account Holder: _____ Social Security #: _____ Date of Birth: _____ Phone Number: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Designated Percentage: _____	Beneficiary #2 Name (please print): _____ Relationship to Account Holder: _____ Social Security #: _____ Date of Birth: _____ Phone Number: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Designated Percentage: _____
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The funds held by the Credit Union in this account may be withdrawn from or paid out by the Credit Union upon the request of the signatory(ies), or any of them, and upon the death of the last surviving signatory, the Payable On Death (P.O.D.) payee or payees designated above or any of them shall have the right to withdraw or be paid all funds not then withdrawn, in equal portions, subject to the laws of the State of New Jersey. The terms of the P.O.D Designation or Cancellation, as stated herein, is consistent with the terms of the Joint Owners Account Agreement, hereinabove set forth and shall not be construed in any circumstances, to alter those rights and privileges enumerated in the Joint Owners Account Agreement.

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Disclosure, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature(s) on this card apply to all accounts designated within this account application; and all information provided is true and correct. I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. I acknowledge receipt of a copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

IF JOINT OWNERS ARE DESIGNATED ON THE FRONT OF THIS CARD: The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

All named owners are financially responsible for the Account and any defaults/overdrawn balances. As inducement to Jersey Central Federal Credit Union to provide financial services and extend credit to the above-identified Borrower, the undersigned individual hereby agrees to act as joint accountholder and further guarantee absolutely and unconditionally the prompt payment to the Credit Union when due all amounts owed by Borrower to the Credit Union, and the prompt performance of all obligations of Borrower as a member and accountholder of the Credit Union. This guarantee also includes all related obligations of Borrower such as interest, collection costs, NSF check fees, attorney's fees, etc., until the entire balance of all such obligations, have been paid in full. Guarantors shall not be released from liability under this guarantee until all of Borrower's obligations to the Credit Union have been satisfied in full.

Overdraft Protection: An overdraft occurs when you write a check, use a debit card or ATM card in a transaction, or make an automatic bill payment for an amount greater than the balance in your checking or savings account. If I/We have opted for overdraft coverage, I/We understand that if I/We cause an overdraft, I/we will be charged a fee as stated in the Credit Union's fee schedule, which may be amended from time to time. This opt-in shall apply to all the undersigned's present and future products and services on this account, whether jointly or individually held.

If I/We have opted for no overdraft protection, I/we acknowledge that Jersey Central Federal Credit Union will not pay any items that attempt to clear my/our account(s) with available funds from a primary or secondary account and transactions will be returned accordingly. I/We further acknowledge that I/We are responsible for any standard fees associated with returned items (see JCFCU website for current fee schedule).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding as set forth below. I/We agree to review the full membership agreement and account disclosures available in print and at www.jerseycentralfcu.com.

SSN Certification and Backup Withholding: By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding ☐ I am not a U.S. citizen or U.S. person (complete W-8BEN)

Authorized Signatures

Owner Signature	Date	Joint Owner Signature	Date
Joint Owner Signature	Date	Joint Owner Signature	Date

For Credit Union Use Only

Account Opened: ☐ In Person ☐ By Mail ☐ Email ☐ Fax ☐ Other: _____ FICO: _____
Opening Deposit: \$ _____ ☐ Cash ☐ Check ☐ Money Order ☐ Xfer from Acct #: _____ ☐ Payroll Deduction/Direct Deposit
Card Ordered: _____ Checks Ordered: _____ JCFCU Rep: _____ Date: _____