



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		Account # (if existing member)
*Mailing Address	*City	*State	*Zip Code	*Home Phone #
Physical Address (if different than mailing address)	City	State	Zip Code	*Cell Phone #
*Email Address	*Mother's Maiden Name			Work Phone #

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

***Driver's License or Other Government ID Information**

ID Type _____ ID #: _____

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

CHECKING AND SAVINGS:

Checking and Savings Account with Debit MasterCard and Overdraft Protection (*Select overdraft option below)

Include checks (optional)

***Overdraft Options (Please Select ONE)**

Savings only

Savings first, then Line of Credit**

Line of Credit** first, then Savings

No Overdraft

****Selecting any Line of Credit option requires running credit for approval****

SAVINGS ONLY:

Savings Account with ATM Card

***(Regulation D limits withdrawals and ATM Inquiries to six (6) per month on savings accounts).**

OR

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 (optional) Name (please print) _____ Relationship to Account Holder _____ Social Security # _____ Date of Birth _____ Phone Number _____ Physical (Street) Address _____ City _____ State _____ Zip Code _____ Designated Percentage _____	Payable On Death (optional) Name (please print) _____ Relationship to Account Holder _____ Social Security # _____ Date of Birth _____ Phone Number _____ Physical (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.

Membership 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.**

Account Ownership (APPLICABLE 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.

As Joint on the Account, you 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

***Overdraft Options** 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. I/We want overdraft coverage and 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 no overdraft protection selected: By signing below, I am acknowledging that Jersey Central Federal Credit Union will not pay any items that attempt to clear my 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 (*JCFCU site for current fee sheet).

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 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

For Credit Union Use Only

Account Opened: In Person By Mail Email Fax Other: _____ FICO: _____

Opening Deposit: \$ _____ Cash Check Money Order Payroll Deduction/Direct Deposit Transfer From Account #: _____

Debit Card Ordered: _____ ATM Card Ordered: _____ Checks Ordered: _____

Membership Officer Signature _____ Date: _____