



- New
 Add/Change
 Other _____

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	Account Security Code (optional)
ID Type _____ State/Country _____	_____
ID # _____	This code/password can be used as an additional form of identification/security on the account. Credit Union representatives may request the code/password when working with you on the account. This information should be kept confidential and should be treated with the same level of security as a PIN.
Issue Date _____ Exp. Date _____	

Account Requests

Savings Account (required) Debit MasterCard (checking account required)

Checking Account (see right) Phone # on checks (optional): _____

Sub/Club Account Custom Checks (call for options)

Certificate Overdraft Protection (see below)

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. I/We elect overdraft coverage to be applied in the following way:

- Savings only Savings first, then Line of Credit* Line of Credit* first, then Savings

* Line of Credit requires approval

By checking the box and signing below I am also acknowledging our right to revoke the opt-in at any time and that I will receive by mail or electronically the required written opt-in confirmation notice and the statement informing us of our right to revoke the opt-in.

- I want Jersey Central Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions

Owner Signature _____ Joint Signature _____

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



Joint Owner 1 <input type="checkbox"/> Parent/Legal Guardian (required on minor accounts)	Joint Owner 2 <input type="checkbox"/> Parent/Legal Guardian (required on minor accounts)
Name (please print) _____	Name (please print) _____
Social Security # _____ Date of Birth _____	Social Security # _____ Date of Birth _____
ID Type _____ ID Number _____	ID Type _____ ID Number _____
State/Country _____ Issue Date _____ Exp. Date _____	State/Country _____ Issue Date _____ Exp. Date _____
Physical (Street) Address _____	Physical (Street) Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
E-mail Address _____	E-mail Address _____

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.

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: _____

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

Membership Officer Signature _____ Date _____