

**ESSEX COUNTY NJ EMPLOYEES
FEDERAL CREDIT UNION**

Hall of Records, Rm. 221
Newark, NJ 07102

ACCOUNT 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.

Suffix*

Suffix*

<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

*The account number for each of the accounts listed consists of the suffix added to the end of the Member 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.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

☐ Listed ☐ Unlisted

Password: _____

Work Phone: _____ Employer: _____

Employer's Address: _____

Membership Eligibility: _____ E-mail: _____

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 number (or I am waiting for a number to be issued),*
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) I am a U.S. person (including a U.S. resident alien).*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

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 Funds Transfer 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.**

X	_____	X	_____
Signature	Date	Signature	Date
X	_____	X	_____
Signature	Date	Signature	Date

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2001, 04, 07, ALL RIGHTS RESERVED

TO ORDER 1-800-356-5012

D1106-FK1 (NJ) Rev. 02/07(V.1)

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit: _____ ☐ ATM Card: _____

☐ Overdraft Protection (Indicate transfer priority.): _____ ☐ Debit Card: _____

_____ ☐ Audio Response: _____

☐ PC Access/Internet Banking: _____ ☐ Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

☐ **Individual** ☐ **Joint Account with Survivorship**

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

☐ Listed ☐ Unlisted

Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

☐ Listed ☐ Unlisted

Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD)/Trust Account**

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

☐ **UTMA/UGMA** (as custodian for _____ (minor) under the New Jersey

Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

☐ **Agency** Print Name of Agent: _____

Signature: _____ Date: _____

☐ **Other:** _____ ☐ See Account Authorization Card

FOR CREDIT UNION USE ONLY

☐ **See Account Change Card**

☐ **See Insurance Beneficiary Card**

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

☐ Credit Report

☐ Check Verify

☐ PIN Request

☐ Access Card

☐ Audio Response

☐ PC Access/Internet Banking