

# Member Service Agreement • Part 1



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## Please use this form to join our Credit Union and open account(s), or to open additional account(s).

To become a member of our credit union and start your accounts and related services (or to open one or more additional accounts), please complete your information in **SECTION 1** (below), if you wish, add one or more beneficiaries on your accounts in **SECTION 2**, select a savings, checking and/or certificate account in **SECTION 3**, and the services you'd like to have in **SECTION 4**. Then read **SECTION 5** and **SECTION 6** and sign your name(s) in **SECTION 6** and return this form to us with a copy of your current driver's license. Should you need additional owners, beneficiaries, accounts, loans or services, or have any questions or need help, please contact us during business hours. To learn more about us, our commitment to excellent service and our incredible accounts, loans and related products and services, please visit our branch or website, or call us anytime we are open for business. Thank you again for being a member of our credit union. We look forward to serving you!

### SECTION 1 MEMBER OWNER(S) INFORMATION (You, as an owner, can open, start, conduct transactions on, change, add and close an account, product or service) 1

Owner 1 Name		Address	City	State	ZIP
Home Phone	Cell Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License - State, Number & Issue and Exp. Date		
Employer	Occupation	Work Phone	Mother's Maiden Name		

Owner 2 Name		Address	City	State	ZIP
Home Phone	Cell Phone	Social Security Number	Date of Birth	E-mail Address	
Driver's License - State, Number & Issue and Exp. Date	Employer	Work Phone	Occupation	Mother's Maiden Name	

### SECTION 2 BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People (or charities) that you would like the funds in the account(s) to go to on your death) 2

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
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### SECTION 3 ACCOUNT(S) Savings Checking \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ 3

### SECTION 4 SERVICE(S) Debit Card ATM Card Telephone Banking Online Banking Mobile Banking eStatements Bill Pay Direct Deposit Pay Overdrafts for Debit/ATM 4

### SECTION 5 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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 Exempt I am not a United States citizen or resident (complete W-8 form) 5

### SECTION 6 ACKNOWLEDGMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to Greater Alliance Federal Credit Union's (referred to as "we", "us" & "our") bylaws, policies and this Member Service Agreement (referred to as the MSA and Parts 1 & 2). All owners (referred to as "you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms and conditions) of this MSA, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 has been e-mailed to Owner 1's address if available. To provide you with excellent service and for identification purposes, you agree we may review and image your current identification, and obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and has been completed according to your instructions. You understand this MSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree that we may rely exclusively on this MSA and have no obligation to rely on any other documents. You also understand an owner may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, as explained in Part 2 of this MSA. If you provide a mobile phone number, you agree we may text and call you at the number about products and services that you have or we may offer. To benefit all members, you agree we may change this MSA, and those changes are binding on you. You understand you may call us with questions or obtain a copy of this MSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to this MSA. To assure consent to and the legibility and accuracy of this Part 1 form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or availability of a statement, you agree to this MSA Parts 1 & 2. The IRS does not require your consent to any provision of this MSA other than the certification required to avoid backup withholding (in Section 5 above). 6

Owner 1 Signature \_\_\_\_\_ Owner 2 Signature \_\_\_\_\_

I agree to be removed as an owner from the account(s) \_\_\_\_\_

## Questions? Contact us anytime we're open for business!

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	Account Number	Date
	<input type="checkbox"/> OIR AIC _____			Referred by _____	<input type="checkbox"/>