

Please complete the Membership Application by following the steps below. Sign and return with your initial \$25 savings deposit and a copy of your driver's license, after which, you have up to 6 months to meet the minimum balance requirement of \$175. You can mail it to: New Member Registration, Greater Alliance Federal Credit Union, 40 W. Century Road, Paramus, NJ 07652.

## STEP 1 Eligibility

You are eligible to join Greater Alliance FCU if you live, work, worship or attend school in Bergen or Passaic counties, or have an immediate family member who has an account.

Please select your means of eligibility:  Live  Work  Worship  Attend School  Volunteer  Relative of current member

## STEP 2 Primary Membership

Please check the additional services requested: Primary Savings is a requirement of credit union membership.

- Primary Savings  Share Draft Checking: (Check One)  E-banking  
\_\_ Holiday Club  Free Checking  Greater Checking  **E-Statement**  Direct Deposit  
\_\_ Vacation Club  Plus Checking  Preferred Dividend  Home Banking  Visa Check Card  
 E-mail me with any credit union promotions  Bill Payer  Call 24-CU  ATM Card

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Work Tel. \_\_\_\_\_ SS# \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Employer Name and Address: \_\_\_\_\_

For Office Use Only: Identification \_\_\_\_\_ Account Number: \_\_\_\_\_

## STEP 3 Joint Membership Beneficiary

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Work Tel. \_\_\_\_\_ SS# \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Employer Name and Address: \_\_\_\_\_

For Office Use Only: Identification \_\_\_\_\_

## MEMBERSHIP AGREEMENT

By signing on the signature line below, you agree to all terms and conditions outlined in this MEMBERSHIP AGREEMENT and the FEE SCHEDULE given to you.

### MEMBER MUST READ AND SIGN WHERE INDICATED

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification below.)

### CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under the penalties of perjury, I Certify (1) that the number shown in this form is my correct taxpayer identification number (2) that I am not subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding and; (3) that I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing this card, you authorize the credit union to obtain credit reports in connection with this application for membership, services and /or credit, and for update, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

I hereby grant Greater Alliance limited power of attorney and authorize the Credit Union to change my automatic payroll deduction to include regular payments for any and all my loans for which I am responsible. Furthermore, the Credit Union is authorized to make any other automatic payroll deductions I request.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about us?

- Advertisement  Employer  Walk-in  Referral  Direct Mail/Email  Other (please specify) \_\_\_\_\_

## STEP 4 Personal Identification Number (PIN)

You must choose a four-digit personal identification number (PIN) to enable you to access your account via telephone.

For security purposes and your protection, we do not keep a record of your pin.

Please be sure to record your pin, store it in a safe place, and keep it confidential.

## JOINT SHARE ACCOUNT AGREEMENT (\*NOT TRANSFERABLE)

I hereby make application for membership in the credit union name below, and agree to conform to its bylaws and amendments thereof, copies of which are available for my review, and to subscribe for at least one (1) share.

Greater Alliance Federal Credit Union is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such of payment. The joint owner also agrees to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or security of the credit union under this agreement shall not be changed or terminated by said owners. Or any of them except by written notice to said credit union, which shall not affect transactions theretofore made.

The credit union is hereby authorized to recognize any of the signatures subscribed in the payments of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all sums now paid on shares; or heretofore or hereafter paid in on shares by any or all of said joint owner to their credit union as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of them, and payment to any of them or the survivor shall be valid and discharge the credit union of any liability for such of payment. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the credit union which shall not affect transactions theretofore made.

I/we hereby authorize the Greater Alliance Federal Credit Union (the credit union) to establish this Share Draft account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this account. It is further agreed that:

- a. Only Share Draft and other methods approved by the credit union may be used to make withdrawals from this account.
- b. The credit union is under no obligation to pay a check total which exceeds the fully paid and collected share balance in this account. However, if any of the joint owners writes a check that would exceed such balance and result in this account being overdrawn, the credit union may, nevertheless, pay such checks and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- c. The credit union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check.
- d. When paid, checks become the property of the credit union and will not be returned either with the periodic statement of this account or otherwise.
- e. Except for negligence, the credit union is not liable for any action it takes regarding payment or nonpayment of a check.
- f. Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the credit union before the end of 60 days after the statement is mailed.
- g. This account is subject to the credit union's right to require advance notice of withdrawal, as provided in its bylaws.
- h. This account is also subject to such other terms, conditions and service charges as the credit union may establish from time to time.
- i. If more than one person signs this agreement, the persons signing below shall be the joint owners of the account which, in that event, shall be subject to all terms and conditions printed on this application.

For internal use only

This application approved by the:  Board  Executive Committee  Membership officer

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
(Person representing of application)

Teller # \_\_\_\_\_ Initials \_\_\_\_\_

Manager Approval \_\_\_\_\_ Initials \_\_\_\_\_ Teller # \_\_\_\_\_



**Greater  
Alliance**  
*Federal Credit Union*  
**A Greater Way to Bank**

40 W. Century Road, Paramus, NJ 07652 · Tel: 888-554-2328 · Fax: 201-986-7539 · CALL 24-CU: 866-438-2824  
[www.greateralliance.org](http://www.greateralliance.org)

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