

Member Service Agreement

Part 1 • P2



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ACCOUNT(S) _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	2
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	

MULTIPLE OWNER(S) INFORMATION (An owner may start, *conduct transactions on*, maintain, change, add and terminate an account, product or service.) 4

Owner 5 Name _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

Owner 6 Name _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

Owner 7 Name _____ Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____

Driver's License - State, Number & Issue and Exp. Date _____ Employer/Retired From _____ Work Phone _____ Occupation/Profession _____ Mother's Maiden Name _____

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.) 5

Beneficiary/POD Payee 5 Name _____	Relationship _____	Social Security Number _____	Beneficiary/POD Payee 6 Name _____	Relationship _____	Social Security Number _____
Beneficiary/POD Payee 7 Name _____	Relationship _____	Social Security Number _____	Beneficiary/POD Payee 8 Name _____	Relationship _____	Social Security Number _____
Beneficiary/POD Payee 9 Name _____	Relationship _____	Social Security Number _____	Beneficiary/POD Payee 10 Name _____	Relationship _____	Social Security Number _____
Beneficiary/POD Payee 11 Name _____	Relationship _____	Social Security Number _____	Beneficiary/POD Payee 12 Name _____	Relationship _____	Social Security Number _____

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Greater Alliance Federal Credit Union ("we", "us" & "our"), or is authorized to *take action*, according to our Member 7 Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with *our records*, comprise the *terms* of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. *The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding* (in Section 6 on page 1).

Owner 1 Signature _____ <input type="checkbox"/>	Owner 2 Signature _____ <input type="checkbox"/>	Owner 3 Signature _____ <input type="checkbox"/>
Owner 4 Signature _____ <input type="checkbox"/>	Owner 5 Signature _____ <input type="checkbox"/>	Owner 6 Signature _____ <input type="checkbox"/>
Owner 7 Signature _____ <input type="checkbox"/>	I agree to be removed as an Owner _____ <input type="checkbox"/>	

OFFICE USE ONLY	CU Employee Name _____ ID Number _____ Field of Membership _____	<input type="checkbox"/> Page 1 of 2 _____	8
	<input type="checkbox"/> OIC AIT _____	Date _____ Referred by _____ <input type="checkbox"/>	