



ACCOUNT APPLICATION AND AGREEMENT

FOR MAIL-IN OR OFFSITE APPLICATIONS

Attach identification for **each** applicant; and if current residence not listed on ID, please include proof of address. **US Citizen** – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID); **Minor** – Social Security Card; **Non-US Person** – Individual Taxpayer ID Card and valid government issued photo identification from country of origin or United States (Consular ID Card, Cedula, Passport, US Work Authorization ID, Permanent Resident Card.) Mail to: Affinity FCU PO Box 621 Basking Ridge, NJ 07920
§USA Patriot Act: 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 to 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.

STEP 1 – Citizen Status and Membership Eligibility **MEMBERSHIP Number:** CU Use Only

Citizen Status: U.S. Citizen Resident Foreign National holding: Green Card Visa (enter type): _____

Membership Eligibility: **I AM** an employee a retired employee a contractor a volunteer / member

of a Sponsor within the AFCU field of membership. **Sponsor Name:** _____ **FOM #:** CU Use Only

related to an existing AFCU member. **Name:** _____ **Member #:** _____ **Relationship:** _____

STEP 2 – Choose Membership Type

- | | |
|--|---|
| <input type="checkbox"/> Individual
<input type="checkbox"/> Joint (Joint tenancy with right of survivorship)
<input type="checkbox"/> Custodial – UTMA (Custodian must be listed in Section 5) (attach Custodial Agreement)
<input type="checkbox"/> Youth (Parent or Guardian must be custodian on Savvy – Complete Section 5):
<input type="checkbox"/> SAVVY (0-12) <input type="checkbox"/> CONNECT (13-16) <input type="checkbox"/> REVOLUTION (17-24)

<input type="checkbox"/> Tenant Security Deposit (Savings only; attach Tenant W-9) | <input type="checkbox"/> Payable on Death (attach an AFCU POD Agreement)
<input type="checkbox"/> Power of Attorney (attach an AFCU POA Agreement)
<input type="checkbox"/> Guardianship (attach a copy of the certified Court documents)

<input type="checkbox"/> SS Representative Payee (attach SS Administration Letter) |
|--|---|

STEP 3 – Choose Account Type

Indicate your initial amount & deposit payment source: Cash Check or Transfer from Member # : _____

<input type="checkbox"/> Membership Eligibility (\$5 Deposit Required for new memberships)	
<input type="checkbox"/> MoreSavings Initial Deposit \$ _____	<input type="checkbox"/> Regular Savings Initial Deposit \$ _____
<input type="checkbox"/> MoreChecking \$1000 min Initial Deposit \$ _____	<input type="checkbox"/> Affinity Checking Initial Deposit \$ _____
<input type="checkbox"/> Club Account Initial Deposit \$ _____	<input type="checkbox"/> Money Manager \$1000 min Initial Deposit \$ _____
<input type="checkbox"/> Connect Savings Initial Deposit \$ _____	<input type="checkbox"/> Connect Checking Initial Deposit \$ _____
<input type="checkbox"/> Revolution Save Initial Deposit \$ _____	<input type="checkbox"/> Revolution Spend Initial Deposit \$ _____
<input type="checkbox"/> Certificate* \$500 minimum Please select a term: 1, 3, 6, 7, 9, 12, 14, 15, 18, 24, 30, 36, 60 months Initial Deposit \$ _____ Term _____ Months Initial Deposit \$ _____ Term _____ Months Initial Deposit \$ _____ Term _____ Months Post Dividends to: <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____ <small>(If not posted to Certificate Rate (APR) will apply, not Yield (APY))</small>	

*Optional Beneficiary for Certificate Accounts can be named by completing Step 9

STEP 4 – Please select one: **Primary Tax Owner** **UTMA or Youth Minor** **Social Security Beneficiary**
 Tenant (only name, date of birth, address and social security number required)

Name	Social Security Number	Date of Birth	Mother's Maiden Name	DL Number (incl. state)
Home Address: Street		City		State Zip Code
Home Phone	Work Phone	Cell Phone		Email Address
Employer		Occupation		

STEP 5 – Please select one: **Joint Non Tax Signator** **UTMA or Youth Parent/Guardian** **Social Security Representative Payee**
 Power of Attorney **Payable on Death** **Landlord**

Name	Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License Number (incl. state)
Home Address: Street		City		State Zip Code
Home Phone	Work Phone	Cell Phone		Email Address
Employer		Occupation		

STEP 6 – 24-Hour Account Access Options**A.) Affinity Visa Debit Access Card or ATM Card** Check here if for a Health Savings Account (HSA) **Debit Card:** Check here to apply for an **Affinity Visa Debit Access Card**; however, you must have an Affinity Checking Account or Health Savings Account. **ATM Card:** Check here if you would like 24-hour ATM access, but do not have an Affinity Checking Account. An Affinity ATM card will be issued. **Replacement Debit/ATM Card:** Check here to request a replacement Type: Affinity Visa Debit Access Card ATM Card for: Primary Member Joint Member Both**B.) Online Banking, AUDREY (Telephone Banking) and Cross Member Transfers**

You will be automatically enrolled in Online Banking and AUDREY once your account(s) has been open for 24 hours

 Check here if you wish to transfer funds from your membership accounts to a different membership's account number. If you elect this feature, enter the member name(s) and account number(s) you would like to transfer to:

Member Name	Account Number	Member Name	Account Number

STEP 7 – Checking Account Overdraft Protection OptionIf there are insufficient funds in your checking account, you may request that we automatically transfer the funds from other Affinity deposit and line of credit accounts in your name; e.g. Savings, Money Manager or PrivateLine. If you do not have a PrivateLine and would like to apply for one; complete Section 8. Please indicate the accounts you would like accessed, **in order of priority**.

1) _____ 2) _____ 3) _____ 4) _____

Important: 1.) Federal regulations limit electronic withdrawals and transfers from a Savings or Money Manager accounts to six each month. After six electronic withdrawals or transfers in a given month, a fee will apply as specified on Affinity's Schedule of Fees.**STEP 8 – PrivateLine of Credit and/or Affinity Visa Credit Card**

If applying for line of credit(s), provide annual salary(ies) for: Primary Member (Borrower): \$ _____ Joint Member (Co-Borrower): \$ _____

 PrivateLine (Line of Credit) Line of Credit Limit Requested \$ _____ **Visa Credit Card Account** Line of Credit Limit Requested \$ _____**STEP 9 – Optional Beneficiary for Certificate Accounts** Upon death of **all owners** of the above **Certificate/s**, the following person is hereby named beneficiary

Name _____ Date of Birth _____ Social Security Number - -

Address _____

City, State Zip _____

STEP 10 – Signatures

I/We hereby make application for membership in Affinity Federal Credit Union and agree to conform to its Laws and Amendments thereof and subscribe to at least one share (\$5). I certify that all of the information contained in this Application is accurate to the best of my knowledge. By signing below, I acknowledge I have received and read the agreements and disclosures for the accounts and services requested, and I agree to be bound to the terms and conditions of any account that I have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time. If applying for an automated teller machine (ATM) card, Debit Access Card, Internet Account Access, or Telephone Banking (AUDREY), I understand and agree that the use of my Personal Identification Number (PIN), Password, or signature to access my accounts by ATM, Debit Access Card, Internet Account Access and/or Telephone Banking (AUDREY) will be my acceptance of the terms and conditions of the applicable service agreement.

I certify under penalty of perjury that (1) the Social Security or Taxpayer Identification Number provided on this application is correct, (2) the IRS has never notified me that I am subject to 28% backup withholding, or has never notified me that I am no longer subject to such backup withholding, and (3) I am a US Person (including a U.S. resident alien). Note: If part (2) of this sentence is not true in your case, please strike out and initial before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Affinity Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of business for this account.

X _____	Date _____	X _____	Date _____
Primary Signature (UTMA Minor, SS Beneficiary and Tenant signature not required)		Joint Member Signature	

FOR CREDIT UNION USE ONLY

Date: _____ Branch: _____ Employee: _____

Card data verified to Card Wizard Report by: _____ Name: _____ Op #: _____