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Lynne Fritz, Manager Maria Paraiso, Assistant Manager

## Membership and Services Application

MEMBER # (Office Use)

Please Select One: \*\*\*MUST provide copy of valid state issued ID; DISTRICT EMPLOYEES – MUST also provide school ID\*\*\*

- ☐ OPEN A NEW ACCOUNT (A minimum \$5 cash or check deposit is required with a new account application.)  
☐ CHANGE EXISTING DATA (This form will supersede any others on file. It must be completed in its entirety as if for a new account.)

- ☐ 10 MONTH EMPLOYEE  
☐ 12 MONTH EMPLOYEE

MEMBER - LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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DATE OF BIRTH	MOTHER'S MAIDEN NAME	DRIVERS LICENSE NUMBER	DISTRICT/ELIGIBILITY
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STREET ADDRESS (WHERE YOU RESIDE)	CITY	STATE	ZIP
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MAILING ADDRESS (WHERE YOU WANT YOUR MAIL SENT EX: PO BOX)	CITY	STATE	ZIP
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HOME PHONE	CELL PHONE	WORK PHONE/EXT	PERSONAL E-MAIL ADDRESS
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(JOINT OWNER/CUSTODIAN/POA/TRUSTEE/AUTHORIZED SIGNER):

LAST NAME	FIRST NAME	MI.	DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #
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STREET ADDRESS	CITY	STATE	ZIP	MOTHERS MAIDEN NAME	RELATIONSHIP TO MEMBER
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HOME PHONE	CELL PHONE	WORK PHONE/EXT	PERSONAL E-MAIL ADDRESS
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### ACCOUNTS OR SERVICES REQUESTED

Please check each account or service you are requesting with Southern Middlesex County Teachers Federal Credit Union. \*RESTRICTIONS APPLY – MEMBERSHIP AND ACCOUNTS REQUIRE AGREEMENT OF DISCLOSURES BY MEMBER\*

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> MEMBERSHIP (Share Savings) REQUIRED | <input type="checkbox"/> AWARDS              | <input type="checkbox"/> SUMMER SAVINGS | <input type="checkbox"/> RAINY DAY CLUB |
| <input type="checkbox"/> CHRISTMAS CLUB                                 | <input type="checkbox"/> MONEY MARKET        | <input type="checkbox"/> MISCELLANEOUS  | <input type="checkbox"/> SHARE DRAFT    |
| <input type="checkbox"/> EDUCATION ASSOCIATION                          | <input type="checkbox"/> NJ UTMA (Custodial) | <input type="checkbox"/> LIVING TRUST   |   |

### DESIGNATION OF PAY ON DEATH (POD) BENEFICIARY

- \_\_\_\_ SINGLE-PARTY ACCOUNT- At death of the party, ownership passes as part of the party's estate  
\_\_\_\_ SINGLE-PARTY ACCOUNT WITH POD DESIGNATION- At death of the party, ownership passes to the designated POD beneficiaries and is not part of the party's estate. (Name beneficiary below)  
\_\_\_\_ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP- At death of the party, ownership passes to the surviving party or parties  
\_\_\_\_ MULTIPLE-PARTY WITH RIGHT OF SURVIVORSHIP AND POD DESIGNATION- At death of the last surviving party, ownership passes to the designated POD beneficiaries and is not part of the last surviving party's estate. (Name beneficiary below)

BENEFICIARY	RELATIONSHIP	DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP

OVER →

PLEASE READ CAREFULLY BEFORE SIGNING: I/We, the undersigned, apply to Southern Middlesex County Teachers Credit Union for the membership in the Credit Union and for the accounts and/or services listed on the reverse side. By signing below, I/We agree to the Terms and conditions pamphlet contained in the "Account Disclosure" packet, Truth-In Savings Rate and Fee Schedules, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Account Agreement and disclosures and fee schedule 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 and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure. I/We agree that the Credit Union is authorized to recognize any of the signatures subscribed below for the transaction of any business on any account on which that party is named as an owner; that all funds in any account shall be considered as being held by each owner; Copies of my valid state driver's license may be required for the US Patriot Act. By signing this document, you are agreeing to receive electronic communication such as documents, disclosures, notices and other information communications regarding your accounts, services and products, and the use of our website or other electronic services that are or may be made available to you in the future. This consent is given by signing the Southern Middlesex County Teachers Federal Credit Union membership application. This disclosure documents your consent to conduct transactions electronically and to electronically receive disclosures and notices relative to the accounts you are applying to open. I understand that you may contact me for further information, and that this application must be completed fully for the Credit Union to process my request. I understand that by signing this form I am verifying my membership eligibility. 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 \_\_\_\_\_  
SIGNATURE OF MEMBER DATE

X \_\_\_\_\_  
SIGNATURE OF JOINT OWNER/CUSTODIAN/POA/TRUSTEE/AUTH.SIGNER DATE

(\*\*\*OFFICE USE ONLY - ALL VERIFICATION TO BE COMPLETED BY CU OFFICIAL\*\*\*)

ELIGIBILITY VERIFIED \_\_\_\_\_ ID COPIED \_\_\_\_\_ OFAC \_\_\_\_\_ VISA DEBIT CARD \_\_\_\_\_

PAYROLL DEDUCTION \_\_\_\_\_ CKS ORDERED \_\_\_\_\_ INFO PAMPHLET \_\_\_\_\_

OPENED BY \_\_\_\_\_ DATE \_\_\_\_\_

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

MEMBERSHIP APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_