



MEMBERSHIP APPLICATION (WITH OPTIONAL OVERDRAFT PROTECTION, LINE OF CREDIT, CREDIT CARD, AND/OR 24-HOUR ACCOUNT ACCESS)

ACCOUNT APPLICATION (FOR EXISTING MEMBERSHIP)

Complete and sign this application and return with your initial deposit to any Affinity branch or mail to Affinity FCU, P.O. Box 621, Basking Ridge, N.J. 07920-0621. Also, attach a copy of identification for each applicant; and if current residence not listed on ID, proof of address.

- US Citizen – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID)
- Minor – Social Security Card or Birth Certificate
- Green Card Holder – Green Card and Social Security Card and valid Driver's License (or Passport)
- Resident Foreign National – US Visa and Passport and Social Security Card (or Record of Individual Tax ID#)

You can also apply for membership online at www.affinityfcu.org/join. For more information, call our Member Service Center at 800-325-0808 or visit any branch.

STEP 1 – Member Status

- I am applying for new Membership (check citizen status, and then go to Step 2)
Citizen status: U.S. Citizen Foreign Resident National holding: Green Card Visa (enter type): _____
- I am an existing Member establishing a secondary Membership (go to Step 3)
- I am an existing Member opening an additional Account under my current Membership #: _____ (go to Step 4)

STEP 2 – New Membership Eligibility

I AM an employee a retired employee a contractor a volunteer/member of a Sponsor within the AFCU field of membership.

Sponsor Employed By / Retired From / Volunteer or Member of _____ Date Hired / Retired / Member / Volunteered _____ Current / Retired Position _____

Sponsor Address _____

OR related to an existing Affinity member

Related Member Name _____ Related Member Social Security Number (Must be initialed by applicant) _____ Applicant's Initials _____

STEP 3 – Choose New/Secondary Membership Type

- Standard
- Custodial – UTMA (Savings, CAs & Premium Plus Only; also complete Custodial Agreement)
- Social Security Representative Payee (attach Social Security Administration Letter)
- Tenant Security Deposit (Savings Only & Tenant(s) must complete Form W-9)
- Youth: SAVVY (up to age 12 - Savings, CAs only) CONNECT (13-17) SAM (College)
- Payable on Death (also complete an AFCU POD Agreement)
- Power of Attorney (also complete an AFCU POA Agreement)
- Estate (Savings, Checking, Certificate & Premium Plus Only)
- Trust – Titled: _____ (attach legal Trust and also complete an AFCU Trust Disclosure)

STEP 4 – Choose Account Type(s) If a new/secondary membership, a Savings is required.

Also indicate your initial deposit amount(s) and payment source: Cash Check or Transfer from Member # : _____

- Savings- \$5 minimum Initial Deposit: \$ _____
- Green Rewards Checking - \$0 minimum Initial Deposit: \$ _____
Requirements: Affinity Online Bill Payment, Online Statements & Debit Card
- Money Manager - \$1,000 minimum Initial Deposit: \$ _____
If your average monthly MM balance falls below \$1,000, there is a \$10 fee and your dividend rate drops to the current rate paid on regular savings accounts.
- Checking - \$.01 minimum Initial Deposit: \$ _____
- Vacation Club - \$.25 minimum Initial Deposit: \$ _____
- Holiday Club - \$.25 minimum Initial Deposit: \$ _____
- Premium Plus - \$100,000 minimum Initial Deposit: \$ _____
If your Premium Plus Account balance falls below \$100,000, your dividend rate drops to the current rate paid on regular savings accounts.

Certificate(s) - \$500 minimum
There is an early withdrawal penalty of 90 days interest for Certificates with a term of one year or less and a penalty of up to 182 days for early withdrawal of Certificate Accounts with terms of more than one year.

Initial Deposit:	Term:	Post Dividends:	Post Dividends to:
\$ _____	3,6,7,9,12,15,18,30,60 months 30 -1825 days <input type="checkbox"/> Days <input type="checkbox"/> Months	For terms over 1 year (365 days), dividends must be posted monthly <input type="checkbox"/> Monthly <input type="checkbox"/> At Maturity	If not posted to Certificate (CA), Rate (APR) will apply, not Yield (APY). <input type="checkbox"/> CA <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> MM <input type="checkbox"/> Premium
\$ _____	<input type="checkbox"/> Days <input type="checkbox"/> Months	<input type="checkbox"/> Monthly <input type="checkbox"/> At Maturity	<input type="checkbox"/> CA <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> MM <input type="checkbox"/> Premium
\$ _____	<input type="checkbox"/> Days <input type="checkbox"/> Months	<input type="checkbox"/> Monthly <input type="checkbox"/> At Maturity	<input type="checkbox"/> CA <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> MM <input type="checkbox"/> Premium

Optional Beneficiary: Upon death of all owners of the above Certificate Account(s), the following person is hereby named beneficiary:

Name: _____ Address: _____ DOB: _____ SS#: _____

STEP 5 – Primary Data (Primary Owner, UTMA or Youth Minor, Social Security Representative Payee, Landlord, Trustee)

Member Name _____ Member Number (existing members) _____ Social Security Number _____
Date of Birth _____ Driver's License Number (including State) _____ Mother's Maiden Name _____
Home Address: Street _____ Check if contact preference City _____ State _____ Zip Code _____
Home Phone Check if contact preference Work Phone Check if contact preference Cell Phone Check if contact preference Email Address Required for Green Rewards _____

STEP 6 – Secondary Data (Joint Owner, UTMA or Youth Parent/Guardian, Social Security Beneficiary, Tenant, Power of Attorney, Estate Administrator, Trustee)

If Tenant, only name, address and social security number required along with Form W-9.

Name _____ Social Security Number _____ Date of Birth _____ Mother Maiden Name _____ Driver's License Number (incl. state) _____ Relationship to Minor or SS Rep Payee _____
Home Address: Street _____ Check if contact preference City _____ State _____ Zip Code _____
Home Phone Check if contact preference Work Phone Check if contact preference Cell Phone Check if contact preference Email Address Check if contact preference _____

★ COMPLETE STEPS 7 – 10 ONLY IF ESTABLISHING A NEW (OR SECONDARY) MEMBERSHIP; OTHERWISE, PLEASE OBTAIN AND COMPLETE APPLICABLE FORM FOR SERVICE

Step 7 – Optional Services (see specific service to verify if available on membership type applying for)

- Overdraft Protection** (go to Step 8) **Affinity OneCard (Debit) or ATM Card** (go to Step 10) **I do not opt for any additional services at this time.**
 PrivateLine/Affinity Credit Card (go to Step 9) **Phone-Internet Banking/Cross Member Transfer** (go to Step 10)

STEP 8 – Checking Account Overdraft Protection Options (not available on *Social Security Representative Payee, Connect, Estate, Trust* memberships)

In the event you select option 5 and/or 6 below, but do not have the line of credit(s) selected, please complete Step 9 below. In the event you select option 7 below, but do not have the line of credit selected, please request and complete the applicable application. If approved, the credit line(s) can be used to fund an overdraft in your checking account.

Enter Draw Order: If selecting more than one option, please enter the draw order.

- Option 1:** No overdraft protection
 Option 2: Savings
 Option 3: Money Manager Account # _____
 Option 4: Premium Plus Savings
 Option 5: PrivateLine
 Option 6: VISA or MasterCard (If choosing this option, also complete Step 9)
Note: Advances on this credit line will count as a cash advance; interest will begin to accrue the date of the advance, until the loan balance is zero.
 Option 7: Home Equity Line of Credit - **Note:** Advances made on this credit line to cover overdrawn items are secured by your home.

STEP 9 – PrivateLine and/or Affinity Credit Card (not available on *Custodial, Social Security Rep Payee, Tenant, SAVVY, Connect, Estate, Trust* memberships*)

Check here if applying for a **PrivateLine - \$500 line of credit** (*not available on SAM Memberships also)
 Choose the Credit Card you are applying for: **VISA** **MasterCard** Credit Limit requested: \$ _____ (\$500 limit on SAMs)
 Annual Salary of Person in Step 5: \$ _____ Annual Salary of Person in Step 6 (unless POA): \$ _____

STEP 10 – 24-Hour Account Access Options (Debit Card required on Green Rewards Checking Account)

Affinity OneCard (Debit Card) or ATM Card (not available on *Social Security Representative Payee, Tenant, SAVVY, Estate* memberships)

- Check here to apply for an Affinity OneCard (called Connect Card under a youth's Connect Membership); however, you must have an Affinity Checking Account.
 Check here if you would like 24-hour ATM access, but do not have an Affinity Checking Account.
 Do you want a card for your joint owner? YES NO

AUDREY (Telephone), Internet Home Banking and Cross Member Transfer

- AUDREY / Internet Home Banking:** Check here if you wish access your accounts under this membership via telephone and/or the Internet.
 Cross Member Transfer (not available on *Tenant, Social Security Representative Payee, Estate* memberships): Check here if you also wish to transfer funds from this membership to another membership. To use this feature, both the sender and the receiver of funds must be enrolled in AUDREY. This transfer authorization can be used with telephone and internet account access: If you elect this feature, enter the member name(s) and membership number(s) you would like to transfer to:

Member Name	Membership Number

Member Name	Membership Number

Personal Identification Number (PIN): If you selected any of the above, select four (4) single numbers and enter here. Choose a PIN that will be easy for you to recall, but difficult for others to determine. Avoid using numbers such as your birth date. Never carry it with you or write it on your card.

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STEP 11 – Signatures

MEMBERSHIP – I hereby make application in the Credit Union and certify that all of the information contained in this Application is accurate to the best of my knowledge.
ACCOUNTS – I (meaning all signors of this application) am applying for the accounts available through this application. I have received and agreed to the Account Agreement's Rules and Regulations of the accounts applied. I also received the Truth-in-Savings Disclosure with Rates and the Schedule of Fees applicable to these accounts.
PRIVATELINE, AFFINITY CREDIT CARDS AND CHECKING ACCOUNT OVERDRAFT PROTECTION OPTIONS – If I selected the PrivateLine or an Affinity Credit Card as set forth in Step 9 above, by signing below, I acknowledge receiving a copy of the LoanLiner Credit Agreement, which includes the Truth-in-Lending Disclosures, and the LoanLiner Addendum, which includes the Billing Rights Notice. I further acknowledge and agree that I have fully read and understand all of the terms of these documents, and I agree to be bound by all of the terms and provisions. By signing below, I affirm that as a condition of receiving a PrivateLine and/or Credit Card Account from the Credit Union, I give the Credit Union a security interest in all present and future shares I have on deposit with the Credit Union. I authorize Affinity to apply the balance in these account(s) to pay any amounts due under this agreement should I default. I authorize the Credit Union to obtain information credit worthiness from consumer reporting agencies, now and in connection with updates, renewals, and later extensions.
24-HOUR ACCOUNT ACCESS OPTIONS – If I selected the Affinity OneCard option as set forth in Step 10 above, I understand the Affinity OneCard transactions will be withdrawn from my Affinity Checking Account and all eligible accounts will be linked to it, which can be accessed by the Affinity OneCard. If I do not qualify for an Affinity OneCard, I understand Affinity will process this same application to determine my eligibility for an Affinity ATM Card in its place. I agree to be bound by the terms and conditions of the 24-Hour Account Access and Electronic Funds Transfer Agreement and Disclosure and acknowledge receipt of said disclosures.
MISCELLANEOUS – Affinity reserves the right to issue these accounts and services to qualified members and to withdraw or change any of the terms and provisions at any time. Affinity Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payments of funds or the transaction of business for this account.

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.

X _____ Date _____
 Primary Signature (from Step 5) (UTMA Minor signature not required)

X _____ Date _____
 Secondary Signature (from Step 6) (Social Security Beneficiary & Tenant signatures not required)

FOR CREDIT UNION USE ONLY

Member # (including suffix):		Date:	Branch:		SDC#:	Employee's Full Name:	
Member's ID Verified <input type="checkbox"/>	ID# (include State/County/Country)	Year SS# Issued	State SS# Issued	ChexSystems Comments		BridgerInsight Comments	
ID Type:							
Joint Member's ID Verified <input type="checkbox"/>	ID# (include State/County/Country)	Year SS# Issued	State SS# Issued	ChexSystems Comments		BridgerInsight Comments	
ID Type:							