

MEMBERSHIP APPLICATION

Membership is available to employees of our Select Employee Groups (SEGs) and immediate family members of Campbell Employees Federal Credit Union members. If you do not meet these requirements, you may still be eligible to join through our partner association, the American Consumer Council.



P.O. Box 2737, Camden, NJ 08101
 2 Executive Campus, Suite 100
 Cherry Hill, NJ 08002
 856-486-3250 / 800-257-5354
 www.campbellcu.org

Account # _____

I am a NEW Member and am eligible to join because:

- I work for (company name): _____
- I am related to: _____
(name of current member)
- He/she is my: _____
(relationship)
- I wish to join the American Consumer Council. (See Terms and Conditions on reverse.)
- I am a current member and am making changes or additions to my account.

Membership in Campbell Employees FCU requires a:

- \$25 opening deposit to savings • \$25 opening deposit to checking

Member applicants and co-applicants must send a copy of a valid driver's license or government issued photo identification with this application.

(Please complete in black or blue ink.)

<input type="checkbox"/> Regular Checking <input type="checkbox"/> Free Checking (w/Direct Deposit) <input type="checkbox"/> Checking Plus Interest <input type="checkbox"/> Visa® Check Card <input type="checkbox"/> STAR® ATM Card	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Online Banking <input type="checkbox"/> Bank By Phone <input type="checkbox"/> Name Change – Former Name: _____	Co-Applicant Type: <input type="checkbox"/> Joint Owner __Add __Remove <input type="checkbox"/> Beneficiary (POD) __Add __Remove <input type="checkbox"/> Power of Attorney (copy enclosed) __Add __Remove	
Joint Owner On: _____	Visa® Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Checking? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEMBER APPLICANT

Social Security # _____

First Name _____ MI _____

Last Name _____

Mailing Address _____

Physical Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Date of Birth _____ U.S. Citizen? Yes No

Mother's Maiden Name _____

Email Address _____

Present Employer _____

Address _____

Hire Date: Month _____ Year _____ Title _____

CO-APPLICANT

Social Security # _____

First Name _____ MI _____

Last Name _____

Mailing Address _____

Physical Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Date of Birth _____ U.S. Citizen? Yes No

Mother's Maiden Name _____

Email Address _____

Present Employer _____

Address _____

Hire Date: Month _____ Year _____ Title _____

I/We hereby make application for membership in Campbell Employees Federal Credit Union and agree to conform to its bylaws and amendments, Terms and Disclosures and Electronic Funds Transfer regulations thereof. I/We understand I/we have or will receive and read the Agreements and Disclosures applicable to the accounts and services requested herein, and that I/we have read and agree to all terms and conditions listed on the back of this application. Everything I/we have stated in this application is correct to the best of my/our knowledge.

Member Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Opened by _____ For Office Use Only Account # _____ Date _____

Member Eligibility? OFAC Patriot Guard Branch Code _____

Please Pick Your PINs:

Bank By Phone (4 Digits)* _____ Visa Check Card (or STAR ATM Card) _____

*See list of exclusions on back of application.

(All PINs are the same for Co-Applicant.)

Federally insured by NCUA.

Non-Transferable Joint Share Account Agreement

I/we hereby authorize the credit union to recognize any of the signatures subscribed on this application for 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 the credit union that all shares and accumulations paid on shares are and shall be owned by them jointly with the right of survivorship and be subject to the withdrawal or receipt of any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. 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. 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 said credit union, which shall not affect transactions theretofore made.

Notice of Statutory Lien

Credit unions have a right granted by the Federal Credit Union Act to establish a right in or a claim to member shares and dividends equal to the amount of that member's outstanding financial obligation(s) to the credit union as it exists as those amounts vary from time to time. The lien is not a set amount, but it floats with the amount of your indebtedness. This is the credit union's notice to you of our Statutory Lien under the Federal Credit Union Act. If you are in default on a financial obligation of any kind to us, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, the credit union may exercise its right without further notice to you. Your signature on this application is your acknowledgment and receipt of this notice.

Share Checking Account Agreement • \$25 Opening Deposit Required

Campbell EFCU is authorized to pay each transaction (i.e. check, item, draft, ACH item, ATM transaction and one-time debit transaction) signed by me/us and to charge all such payments against the shares in this Account. It is further agreed that:

- Campbell EFCU is under no obligation to pay any above noted transaction that exceeds the fully paid and collected share balance in this Account; Campbell EFCU may, however, pay such above noted transaction and transfer shares to this Account in the amount of the resulting overdraft, from any designated overdraft sources or any other share account from which any of the undersigned is then able to withdraw shares, excluding certificates and IRAs. See Fee Schedule.
- If you have applied under separate agreement and have been approved for an Overdraft Loan, Campbell EFCU may first advance funds from your Overdraft Loan and apply the funds to any overdrafts. If any amount of available credit is insufficient to pay the overdraft, transfers will be made from the accounts listed above.
- Campbell EFCU reserves the right to close Share Checking accounts with a consistent negative balance, zero balance and/or no activity for three consecutive months.

Patriot Act

Campbell Employees Federal Credit Union is required to verify the identity of existing and new members applying for and opening new accounts or services with the Credit Union. Information we are required to obtain and verify includes name, residential address, tax identification number and date of birth. Additional data may also be gathered depending on the type of account (or method of) being opened. The Act requires us to maintain records of the identification verification. Confidentiality of the information maintained by the Credit Union will be protected as required under our Privacy Policy.

Under penalty of perjury, I/we certify that (1) the number shown on this form is the correct taxpayer identification number, (2) I/We am/are not subject to backup withholding either because I/we have not been notified that I/we am/are subject to backup withholding as a result of a failure to report all interests or dividends, or the Internal Revenue Service (IRS) has notified me/us that I/we am/are no longer subject to backup withholding, and (3) I/We am/are a U.S. person (including a nonresident alien). The IRS does not require my/our consent to any provisions of this document other than the certification required to avoid backup withholding.

I/We hereby make application for membership in Campbell Employees Federal Credit Union and agree to conform to its bylaws and amendments, Terms and Disclosures and Electronic Funds Transfer regulations thereof. I/We understand I/we have or will receive and read the Agreements and Disclosures applicable to the accounts and services requested herein, and that I/we have read and agree to all terms and conditions on this application. Everything I/we have stated in this application is correct to the best of my/our knowledge.

Membership Eligibility

Membership is available to employees of our Select Employee Groups (SEGs) and immediate family members of Campbell Employees Federal Credit Union members. If you do not meet these requirements, you may still be eligible to join through our partner association, the New Jersey Chapter of the American Consumer Council.

American Consumer Council Membership Terms and Conditions

By checking the American Consumer Council Membership box, I agree to become a member of the American Consumer Council through Campbell Employees Federal Credit Union. There is no fee for ACC membership when I join Campbell EFCU. I further understand that my name, address and email will be provided to ACC to establish my membership with their organization. For more information about the ACC visit <http://americanconsumercouncil.org>.

***Bank By Phone PIN Exclusions**

Your Bank By Phone PIN CANNOT be set to any of the following: Social Security number, date of birth, phone number, account number, consecutive numbers (1234) or a single number in a series (1111).

