



ATLANTIC HEALTH
EMPLOYEES
Federal Credit Union

99 Beauvoir Avenue
Summit, New Jersey 07902
Phone: (908) 522-3530
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LOANLINER

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

☐ Individual ☐ Joint Account with Rights of Survivorship ☐ Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts
Beneficiary/POD Payee:	Beneficiary/POD Payee:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	
<input type="checkbox"/> UTMA/UGMA (as custodian for Minors Act)	(minor) under the Uniform Transfers/Gifts to Minors Act	
Minor's SSN/TIN:		
<input type="checkbox"/> Agency	Print Name of Agent :	
Signature :	Date :	
<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts	<input type="checkbox"/> See Account Authorization Card
<input type="checkbox"/> Other:		

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix

Suffix

<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> HSA:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

- ☐ Payroll Deduction/Direct Deposit:
- ☐ Audio Response:
- ☐ Overdraft Protection (Indicate transfer priority.):
- ☐ ATM Card: ☐ Debit Card:
- ☐ PC Access/Internet Banking:
- ☐ Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements and disclosures 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 of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. ***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		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY☐ See Account Change Card☐ See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking