



Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 when opening a new account. **What this means for 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.

MEMBER/OWNER INFORMATION

Update

Member/Owner Name:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

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/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #1:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #2:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Agent	<input type="checkbox"/> Other Authorized Signer (Describe): _____	See Account Authorization Card
<input type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Remove	
Name #3: _____			SSN/TIN: _____
Mailing Address: _____			ID Type: _____
City/State/Zip: _____			ID Number: _____
Physical Address: _____			ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____			ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail: _____	
Secondary Phone: _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code: _____	
Employer: _____			Occupation/Title: _____

ACCOUNT TYPES

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

ACCOUNT SERVICES

<input type="checkbox"/> ATM Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Indicate transfer priority: 1. _____ 2. _____ 3. _____ 4. _____
<input type="checkbox"/> Audio Response: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Internet Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Mobile Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Bill Payment: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts: _____
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____	
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

UTMA/UGMA
 _____ (as custodian for _____ (minor)
 under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

Agency
 Name of Agent: _____
 Signature: _____ Date: _____
 All Accounts Designate Specific Accounts: _____

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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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 or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 acknowledge that 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 that I/we have received and read the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____

FUND/WIRE TRANSFER AGREEMENT

From time to time you may desire to initiate a fund transfer from authorized accounts held at the Credit Union. These fund transfers requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.

MEMBER NO: _____

MEMBER IDENTITY INFORMATION

Member/Owner:	Day Phone No:
Mailing Address:	City/State/Zip:

ACCOUNTS SUBJECT TO THIS AGREEMENT

The following authorized accounts are governed by this Agreement:

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<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. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.

SECURITY MEASURES

The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.

Call Back Procedure - When we receive your payment order request, we will confirm the payment order by calling any of the contact persons authorized to verify transfers at the telephone number listed below:

Contact Person #1:	Day Phone No:
Contact Person #2:	Day Phone No:
Contact Person #3:	Day Phone No:

Password - When verifying and authorizing a payment order you must give us your password which is: _____

Other Security Measures: _____

LIMITATIONS ON PAYMENT ORDERS

You authorize the following checked limitations and criteria to be applicable to each transaction covered by this Agreement. The Credit Union will use the limitations checked below to process the fund/wire transfer.

Frequency: You will make up to _____ payment orders per _____ **Other:** _____

Amounts: The maximum amount of any payment order is \$ _____

The minimum amount of any payment order is \$ _____

AUTHORIZATIONS

You authorize the following persons to submit payment orders in your name unless and until you notify the Credit Union in writing of a change. As permitted by applicable state law, the Credit Union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below and will be entitled to honor and charge you for all such payment orders. You agree to assume liability for these transactions to the extent permitted under applicable state law.

	X	
Authorized Person #1 (print)	Title (if applicable)	Authorized Person Signature
	X	
Authorized Person #2 (print)	Title (if applicable)	Authorized Person Signature
	X	
Authorized Person #3 (print)	Title (if applicable)	Authorized Person Signature
	X	
Authorized Person #4 (print)	Title (if applicable)	Authorized Person Signature

AGREEMENT

This Fund/Wire Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning payment orders initiated by the Account Owner through the credit union named in this Agreement.

DEFINITIONS: In this Agreement, the words, "you," "your," and "yours" mean the Account Owner that signs this Agreement. The words "we," "us," and "our" mean the Credit Union that signs this Agreement. The word "account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

ACCOUNT OWNER LIABILITY: You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedures chosen by you in this Agreement.

CHANGES TO AGREEMENT: The security procedures and other terms of this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. The Agreement may not be changed by an oral agreement or by a course of dealing or custom.

SECURITY PROCEDURES: We will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other fund transfers.

UNIFORM COMMERCIAL CODE ARTICLE 4A: Any fund transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the Credit Union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other fund transfers. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to any Account Owner is considered notice to all Account Owners.

SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

	X	
Account Owner (print)	Title (if applicable)	Signature _____ Date _____
	X	
Credit Union Representative (print)	Title (if applicable)	Signature _____ Date _____

Debit Card Application



P.O. Box 247 Rancocas, NJ 08073-0247

Primary Accountholder

FIRST NAME	MIDDLE IN.
LAST NAME	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY / STATE / ZIP	
SOCIAL SECURITY NUMBER	

Joint Accountholder (if applicable)

FIRST NAME	MIDDLE IN.
LAST NAME	WOULD YOU LIKE TO REQUEST A CARD FOR YOUR JOINT ACCOUNTHOLDER? () Yes () No

Account Number

CHECKING (SELECT ONE): () S29 Rewards () S20/24 Protection () S19 Standard
SAVINGS: () S1 Primary <i>Note: You can only link one checking account and one savings account to each card.</i>

Signature(s) Required

I/We hereby acknowledge that I/we have received a copy of your Debit Card Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Agreement. I/We also acknowledge receipt of the disclosure statements informing me/us of my/our rights under the Electronic Fund Transfer Act and the Fee Schedule and Requirement Guidelines.

PRIMARY ACCOUNTHOLDERS SIGNATURE	DATE
JOINT ACCOUNTHOLDERS SIGNATURE	DATE

FOR CREDIT UNION USE ONLY

BRANCH VERIFICATION	DATE
BACK OFFICE VERIFICATION	DATE

Debit Card Cardholder Agreement

The undersigned ("I" or "we"), in consideration of ABCO Federal Credit Union ("you" or "your") issuing to me a Debit Card, hereby agrees to be legally bound by the following terms and conditions:

1. Accounts and Uses of Debit Card. I have the account(s)—including such transactions, savings, share/savings and share draft/checking account(s)—with you set forth on my application form. I hereby request that you issue to me one or more Debit Cards to be used in connection with such accounts as described in this Agreement.

I understand I may use the Debit Card at a PLUS SYSTEM ATM to (1) withdraw cash from my account(s), (2) effect transfer to or from my account(s) or (3) receive information regarding the balance in my account(s).

I may also use automated teller machines throughout the United States and in certain foreign countries which bear the PLUS SYSTEM name and logo ("PLUS SYSTEM ATM") to (1) make withdrawals from, (2) effect transfer to or from or (3) receive information regarding the balance in my transaction or savings account(s) that are designated as the primary account of each such type on my application form.

I further understand that I may use the Debit Card where Visa® is accepted to purchase goods and services and/or to obtain cash where permitted by the Merchant ("Purchase"). If I use the Debit Card to make a Purchase, I shall be requesting you to withdraw funds in the amount of such Purchase (including any cash received from the Merchant) from my primary transaction share draft/checking account designated on my application form and directing or ordering you to pay such funds to the Merchant. I request that you provide to me such other services or access to other ATM systems or networks using the Debit Card which you make available and which you advise me are offered in connection with my account(s) set forth on my application form. I also understand that from time to time I may request in writing that you provide access to additional accounts of mine through the Debit Card you have issued to me. I agree that the uses of the Debit Card described in this Agreement shall be subject to the rules and regulations for each account which is accessed by such Card.

2. Use of Personal Identification Number ("PIN") with Debit Card. I understand that a PLUS SYSTEM ATM is an automated teller. It can and will perform many of the same tasks as a human teller. I acknowledge that the Personal Identification Number or PIN which I use with the Debit Card is my signature, identifies the bearer of the Card to the PLUS SYSTEM ATM or other network ATM and authenticates and validates the directions given just as my actual signature and other proof identify me and authenticate and validate my directions to a human teller. I also understand that a Merchant which accepts the Debit Card for a Purchase transaction may have an electronic terminal (Merchant-operated or self-service) which requires the use of my PIN, and when my PIN is used at the Merchant's terminal, it will authenticate and validate the directions given just as my actual signature will authenticate and validate my directions given to you. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the Debit Card is a security method by which you are helping me to maintain the security of my account(s). I WILL NOT DISCLOSE MY PIN TO ANYONE EITHER DIRECTLY OR INDIRECTLY. I WILL NOT WRITE MY PIN ON OR KEEP IT WITH MY CARD. IF I GIVE MY CARD AND PIN TO SOMEONE ELSE TO USE EITHER DIRECTLY OR INDIRECTLY, I AM AUTHORIZING THEM TO ACT ON MY BEHALF, AND I WILL BE RESPONSIBLE FOR THE USE OF MY CARD BY THEM.

Purchases are made through the Visa® Network, using my Debit Card.

3. Liability for Unauthorized Transactions. I agree to contact you at once if I believe the Debit Card issued to me or my PIN has been lost or stolen or money is missing from my account(s). I also agree that if my monthly statement shows transactions which I did not make and I do not contact you within 120 days after the transaction has been posted to my account, I may not get back any money lost. I AGREE THAT IF I GIVE MY DEBIT CARD AND PIN TO SOMEONE ELSE TO USE EITHER DIRECTLY OR INDIRECTLY, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(S) BY THEM. Purchases are made through the Visa® Network, using my Debit Card.

3. Liability for Unauthorized Transactions. I agree to contact you at once if I believe the Debit Card issued to me or my PIN has been lost or stolen or

money is missing from my account(s). I also agree that if my monthly statement shows transactions which I did not make and I do not contact you within 120 days after the transaction has been posted to my account, I may not get back any money lost. I AGREE THAT IF I GIVE MY DEBIT CARD AND PIN TO SOMEONE ELSE TO USE EITHER DIRECTLY OR INDIRECTLY, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(S) BY THEM.

4. How to Contact the STAR NETWORK. I agree to contact the STAR NETWORK immediately if I believe the Debit Card issued to me or my PIN has been lost or stolen or that an unauthorized transfer or purchase from any of my accounts has occurred or might occur, by phoning and by confirming such information in writing to you at:

ABCO Federal Credit Union
P.O. Box 247, Rancocas, NJ 08073-0247
1-800-225-1859

Evenings or Weekends Call:
STAR Customer Service Toll-Free number
1-800-523-4175

5. Charges. I agree to pay the charges or transaction fees which are charged by you for these services or for services which may later be offered, as such fees or charges may be imposed or changed from time to time.

6. Deposits. I agree that I may make a deposit at a STAR/PLUS ATM and that you have the right to verify the deposit before you make the money available to me. If I deliver cash, checks or other items to a STAR/PLUS ATM, I understand and acknowledge that the funds from my deposit may not be available for immediate withdrawal and that the availability of my deposit shall depend on your rules and regulations regarding the particular account in which I am making a deposit, the items that I am depositing and whether the deposit is made at a STAR/PLUS ATM that is owned by you or another financial institution. I also understand and acknowledge that NOT ALL STAR/PLUS ATMs MAY ACCEPT DEPOSITS AND SOME STAR/PLUS ATMs may limit the amount of funds which may be deposited; and you may not control these limits.

7. Liability. If the Debit Card is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and the Agreement for such account.

I agree that if I make deposits to my account(s) with items other than cash (checks, drafts or other items) and you make funds available to me from such deposits prior to their collection, I agree that you may deduct the amount of such funds from my account(s) which are not collected or, if the funds in my account(s) are insufficient at such time, I will promptly pay to you any amount of such funds which are not collected.

I agree to be responsible for ensuring that the funds I withdraw are available to me. If I do not, I risk the loss of my ATM privileges. ATM account balances may be inaccurate account balances due to unposted ATM transactions, signature debit transactions or POS transactions.

8. Amendment of this Agreement. I agree that from time to time you may amend or change the terms of this Agreement, including amendments or changes to add further Debit Card services or to amend or change the charges for these services. Use of the Debit Card after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

9. Ownership. I agree that the Debit Card is your property, and I will surrender it to you upon your request. I agree that the Debit Card is non-transferable.

10. Disclosures. I hereby acknowledge receipt of the disclosure statements informing me of my rights under the Electronic Fund Transfer Act and a copy of this Agreement, with copies of the Fee Schedule and Disclosure Statement.