

Please complete/sign application and mail or fax to:

Mailing Address | Quorum Federal Credit Union, Attention: Support Services, 2 Manhattanville Rd., Ste 401, Purchase, NY 10577

Fax Number | 914.641.3730, Attention: Support Services.

If you have questions or need assistance, please call (800) 874-5544, Monday through Friday, 8:30 a.m. - 7:00 p.m. ET.

MEMBERSHIP ELIGIBILITY	I am eligible to join Quorum Federal Credit Union in one of the following ways:		
	<input type="checkbox"/> EMPLOYEE OF	<input type="checkbox"/> RETIREE OF	<input type="checkbox"/>
	LOCATION		DATE OF HIRE/RETIREMENT
	<input type="checkbox"/> RELATIVE/HOUSEHOLD MEMBER OF (member name)		RELATIONSHIP
		ZIP CODE OF RELATIVE	
<input type="checkbox"/> RELATIVE OF QUORUM FCU EMPLOYEE (employee name)		RELATIONSHIP	ZIP CODE OF EMPLOYEE
<input type="checkbox"/> I WOULD LIKE TO JOIN THE SELECT SAVERS CLUB AND BECOME A MEMBER OF QUORUM FEDERAL CREDIT UNION. The Select Savers Club Inc. provides its members with information on spending, saving, borrowing and managing debt wisely. Membership is open to anyone who has an interest in achieving his or her financial goals. Members pay a \$5 lifetime membership fee. Quorum will cover this fee for any new member wishing to join the credit union concurrently.			

PRIMARY MEMBER INFO	LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY OR TAX IDENTIFICATION #	BIRTHDATE (mm/dd/yy)	
	STREET ADDRESS (Permanent residence address; No P.O. Box #)			CITY	STATE & ZIP		
	MAILING ADDRESS (If different from above)			CITY	STATE & ZIP		
	EVENING PHONE		DAYTIME PHONE		CELL PHONE		
	CITIZENSHIP				E-MAIL ADDRESS		
	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-US CITIZEN						

JOINT OWNER INFO	LAST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY OR TAX IDENTIFICATION #	BIRTHDATE (mm/dd/yy)	
	STREET ADDRESS <input type="checkbox"/> CHECK IF SAME AS PRIMARY			CITY	STATE & ZIP		
	MAILING ADDRESS (If different from above)			CITY	STATE & ZIP		
	EVENING PHONE		DAYTIME PHONE		CELL PHONE		
	CITIZENSHIP				E-MAIL ADDRESS		
	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-US CITIZEN						

If you are opening a checking account with this application, should this individual be listed as a joint owner on that account? YES NO

BENEFICIARY INFO	LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY OR TAX IDENTIFICATION #	BIRTHDATE (mm/dd/yy)	
	STREET ADDRESS <input type="checkbox"/> CHECK IF SAME AS PRIMARY			CITY	STATE & ZIP	RELATIONSHIP
	I understand and acknowledge that I have the right to designate a different beneficiary for each sub-account that I open with Quorum Federal Credit Union. In the event that I fail to designate a beneficiary for a particular sub-account(s), I understand that the individuals named above shall be the beneficiary for such sub-account(s).					

ADDITIONAL OPTIONS	I. Membership with Quorum Federal Credit Union requires opening a Basic Savings account (core account) with a \$25.00 minimum deposit. I would also like to open/apply for the following account(s): SAVINGS: <input type="checkbox"/> NAME-YOUR-OWN SAVINGS (ADDITIONAL SAVINGS) <input type="checkbox"/> HOLIDAY CLUB CHECKING: <input type="checkbox"/> CHECKING PLUS (INITIAL DEPOSIT \$1,500) <input type="checkbox"/> CHECKING REWARDS <input type="checkbox"/> REGULAR CHECKING					
	II. <input type="checkbox"/> I would like a Visa Check Card (checking accounts only). A PIN will be sent to you via mail. You will also have the option to select your own PIN once you receive your card.					
	III. <input type="checkbox"/> I would like Direct Deposit . Sign up today through your Payroll Department. Quorum's ABA Routing and Transit number is 221981335.					
	IV. If Quorum determines I am eligible based on credit information obtained, I would like to open: <input type="checkbox"/> CHECKING RESERVE LINE-OF-CREDIT <input type="checkbox"/> PLATINUM/RATEWISE VISA CREDIT CARD <input type="checkbox"/> BOTH					

ACCOUNT FUNDING OPTIONS	I would like to make my first account deposit in the amount of \$ _____ (\$25 min; \$250 max credit card/\$1,000 max acct transfer) via:					
	<input type="checkbox"/> CREDIT CARD - <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card#: _____ Exp Date: _____ Billing Address: <input type="checkbox"/> Same as applicant's address. If billing address is different, please enter it below. Address: _____ City: _____ State: _____ Zip: _____					
	<input type="checkbox"/> ACCOUNT TRANSFER - Bank Name: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing #: _____ Acct#: _____ (first 9 digits printed on the bottom of your check)					
	<input type="checkbox"/> CHECK - Please make your check payable to Quorum Federal Credit Union and mail it with your completed application to the address above.					

PLEASE CONTINUE TO PAGE 2 TO COMPLETE THIS APPLICATION

PASSWORD

Please provide us with a password for your account - up to 9 characters. Please note: This password is for use only when speaking with a Member Service Representative. The Credit Union will provide a separate PIN for Online Banking and VoiceConnect (automated telephone) access.

PASSWORD

DISCLOSURES AND AGREEMENTS

USA Patriot Act: To help 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 who opens an 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 ID.

Membership Application Agreement: Being within the field of membership, I (we) hereby apply for membership to Quorum FCU, agree to conform to its bylaws and amendments thereto and subscribe for at least one share. By signing this form, I (we) agree to be bound by the terms of agreement for all services, now and in the future, including the Credit Agreement stated in the All-In-One Credit Line and Truth-in-Lending Disclosure and to the conditions stated within the Truth-In-Savings Disclosure, which has been or will be supplied to me(us) and is also available through Quorum FCU's website at quorumfcu.org.

Credit Information: I (We) authorize the Credit Union to obtain and/or furnish information concerning my (our) credit affairs to any association, firm, corporation, or personnel office. I (We) authorize the Credit Union to check my (our) employment and credit history and to obtain credit reports in connection with any application for credit and for any update, renewal or extension of the credit received. If I (we) request, the Credit Union will tell me (us) the name and address of any credit bureau from which it received a credit report on me (us). I (We) understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any applications made to federal credit unions insured by the NCUA. I (We) have read the agreement for each service I (we) have applied for. I (we) understand that a Credit Union representative may inform me (us) at the time I (we) open my (our) account or after regarding my (our) eligibility for pre-approved credit. I (we) may consent to any pre-approved credit verbally at a Credit Union location or over the phone.

VoiceConnect (Automated Telephone Service) Agreement: I (We) request access to Quorum FCU's VoiceConnect so that I (we) can withdraw funds from my (our) deposit and loan accounts, transfer funds among my (our) deposit and loan accounts, make loan payments, and learn certain information about my (our) deposit and loan accounts.

Important: The person(s) named on page 1 of this form will be able to use VoiceConnect to access all of my (our) loan and deposit accounts at Quorum FCU. For my (our) protection, Quorum FCU cannot accept a VoiceConnect joint application for someone who is not a joint-owner of all of my (our) loan and deposit accounts. **Agreement:** By signing this application on page 2, I (we) - both the applicant and joint applicant: Certify that I (we) am/are an owner or borrower on each deposit or loan account that can be accessed using the Authorization Code generated; and agree that, if I (we) use the Authorization Code number to access accounts through VoiceConnect, I (we) will be bound by all of the terms and conditions of the Automated Telephone Service Agreement and Disclosure Statement within the Truth-In-Savings Disclosure.

Joint Savings Account Agreement: Quorum Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for these accounts. The joint owners of these accounts, hereby agree with each other and with said Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them and payment of any of them or the survivor or survivors and shall be valid and discharge said Credit Union family from any liability of or such payment. Any or all of said joint owners may pledge all or any part of the savings in these accounts 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.

Security (Pledge of Savings Accounts): I (We) may grant the Credit Union a Security Interest and/or right of offset in all joint and individual savings accounts and checking accounts I(we) have with the Credit Union both now and in the future.

My (Our) signatures(s) confirm(s) I (we) have read and understand the disclosure above as well as the following disclosure information (if applicable): I (We) authorize Quorum FCU to accept payroll deposits into my (our) Quorum FCU account(s). I (We) further authorize Quorum FCU to debit my (our) account(s) to correct any of my (our) erroneous credit (s) previously made to my (our) account in accordance with this authorization. As the primary member, I am legally eligible for membership with Quorum Federal Credit Union. All information I (we) have supplied on this application is valid and may be verified by the Credit Union.

By submitting this application I (we) certify under penalties of perjury: (1) the Social Security Number(s) or Tax Identification Number(s) on my application is/are correct; (2) I (We) have not been notified by the Internal Revenue Service (IRS) that I (we) am/are subject to backup withholding due to failure to report interest or dividend income, or the IRS has notified me/us that I (we) am/are no longer subject to backup withholding. (3) I (we) am/are a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIMARY MEMBER SIGNATURE

JOINT OWNER SIGNATURE *(If applicable)*

DATE

DATE

QUORUM FCU STAFF ONLY

PRIMARY	ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
	ID TYPE	ISSUE STATE	ID#	ISSUE DATE	EXP DATE	3RD PARTY PROVIDER NAME/RESULT
ACCOUNT OPEN DATE	REPRESENTATIVE NAME			EMPLOYEE INITIALS	LOCATION CODE	