

**ELIGIBILITY**

RELATIVE/HOUSEHOLD MEMBER OF (MEMBER NAME)	MEMBER NUMBER
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**PERSONAL INFORMATION**

FIRST NAME & MIDDLE INITIAL <input type="checkbox"/> MR. <input type="checkbox"/> MS.	
LAST NAME	
BIRTHDAY (MM/DD/YY)	SOCIAL SECURITY OR TAX ID #
CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN	

**JOINT OWNER INFORMATION (REQUIRED)**

PLEASE NOTE: THE JOINT OWNER MUST BE AN EXISTING QUORUM MEMBER AND OVER THE AGE OF 18. IS THE JOINT OWNER A QUORUM EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FIRST NAME & MIDDLE INITIAL <input type="checkbox"/> MR. <input type="checkbox"/> MS.	
LAST NAME	
BIRTHDAY (MM/DD/YY)	SOCIAL SECURITY OR TAX ID #

**PRIMARY MEMBER (MINOR) CONTACT INFORMATION**

HOME STREET ADDRESS	CITY	STATE & ZIP
MAILING ADDRESS (SKIP IF SAME AS ABOVE)	CITY	STATE & ZIP
MOBILE # (PREFERRED METHOD OF CONTACT)	HOME PHONE #	EMAIL ADDRESS

**JOINT OWNER CONTACT INFORMATION**  CHECK HERE IF HOME & MAILING ADDRESS IS THE SAME AS PRIMARY MEMBER

HOME STREET ADDRESS	CITY	STATE & ZIP
MAILING ADDRESS (SKIP IF SAME AS ABOVE)	CITY	STATE & ZIP
MOBILE # (PREFERRED METHOD OF CONTACT)	HOME PHONE #	EMAIL ADDRESS

**WHAT OTHER ACCOUNTS WOULD YOU LIKE TO OPEN WITH YOUR MEMBERSHIP?**

**BASIC SAVINGS ACCOUNT (REQUIRED):** We will automatically fund this account with the \$5 minimum requirement.

**CHECKING ACCOUNT:**  QClassic  QChoice\* Would you like a Debit MasterCard® with this account?  Y  N  
\*QChoice requires enrollment in eStatements and minimum monthly direct deposit(s) totaling \$1,000 or minimum average daily balance of \$5,000.

IF YOU ARE INTERESTED IN SIGNING UP FOR OVERDRAFT PROTECTION, PLEASE SEE PAGE 3 FOR DETAILS.

**WOULD YOU LIKE TO MAKE YOUR FIRST DEPOSIT? (\$2,500 MAXIMUM)** DEPOSIT AMOUNT: \$

This amount will be deposited into your Basic Savings. If you are opening another account with this membership, you will be able to transfer funds to your other Quorum account(s), once your membership has been opened.

VIA TRANSFER FROM EXISTING QUORUM ACCOUNT #	SUFFIX	WITH A CHECK: MAKE YOUR CHECK PAYABLE TO <b>QUORUM FEDERAL CREDIT UNION</b>
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You're almost done...

**OVER-THE-PHONE PASSWORD**

Please provide us with your over-the-phone password. Must be up to 9 characters. We will use this password to verify your identity when you call us.

**DISCLOSURES & AGREEMENT**

**USA PATRIOT ACT:** Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. 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 valid ID.

**MEMBERSHIP APPLICATION:** 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 conditions stated within the Truth-In-Savings Disclosure, which has been or will be supplied to me (us) and is also available online at quorumfcu.org.

**CONSUMER REPORTS:** I (We) authorize the Credit Union to obtain consumer reports, verify employment information and/or furnish information concerning my (our) consumer affairs in connection with any application, update, renewal or extension of credit, or closure of accounts. A "consumer report" may contain information about my (our) personal and credit characteristics and general reputation. If I (we) request, the Credit Union will tell me (us) the name and address of any consumer reporting agency from which it received a consumer 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) understand that a Credit Union representative may inform me (us) at the time I (we) open my 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):** I (We) request access to VoiceConnect so that I (we) can make inquiries and perform applicable transactions on my account.

**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 . 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 IVR Service Agreement and Disclosure Statement within the Truth-In-Savings Disclosure.

**JOINT ACCOUNT:** For any account established by or for a minor, the joint owner listed on the application agrees to be primarily liable to the Credit Union for any returned item, overdraft, or unpaid charges or amounts on such account. 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 INTEREST:** I (We) grant the Credit Union a security interest and/or right of offset in all individual or joint accounts I (we) have with the Credit Union both now and in the future unless the funds have a statutory protection or are otherwise protected by law.

My (Our) signature confirms that I (we) have read and understand the disclosure above and that all the information I (we) have supplied on this application is valid and may be verified by the Credit Union.

**BY SUBMITTING THIS APPLICATION I CERTIFY UNDER PENALTIES OF PERJURY:** (1) the Social Security Number or Tax Identification Number on my application is correct; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report interest or dividend income, or the IRS has notified me that I am no longer subject to backup withholding; (3) I am a US person (including a US resident alien). If I am a non-resident alien, I agree to complete a W8-BEN form or be subject to backup withholding. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

**SIGN HERE** MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 JOINT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUBMIT YOUR APPLICATION**

BEFORE SUBMITTING THIS APPLICATION, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

- Minor's driver's license, state ID, or passport
- Minor's Social Security Card
- Minor's current bank statement or report card showing name and current address

FAX TO: (914) 641-3730, Attention: Operations; or  
 MAIL TO: Quorum, 2500 Westchester Avenue, Suite 411, Purchase, NY 10577, Attention: Operations

**IMPORTANT:** If you are interested in signing up for overdraft protection, please proceed to page 3 to request more information.

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

**CHOOSE THE OVERDRAFT PROTECTION OPTION(S) THAT WORK FOR YOU**

We have two levels of Overdraft Protection available:

**AUTOMATIC TRANSFERS (NO SIGN-UP NEEDED):**

When your checking account is in danger of being overdrawn, an Automatic Transfer moves funds from your savings account automatically into your checking account to cover the overdraft (fees apply).

**COURTESY PAY:**

When the balance in your Checking Reserve or automatic transfer account is too low, we'll pay your overdraft (under most circumstances) to cover your transaction.

**WHAT YOU NEED TO KNOW ABOUT OUR COURTESY PAY SERVICE:**

**We authorize and pay overdrafts for the following types of transactions (Courtesy Pay Standard Coverage):** Checks and other transactions made using your checking account number, automatic bill payments, electronic transfers (ACH debits), recurring debit card transactions (e.g., gym membership).

**We will not authorize and pay the following types of transactions unless you opt in to Courtesy Pay Extended Coverage for these card related transactions:** ATM and everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that you will always be eligible for the service or that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

**What fees will I be charged if Quorum pays my overdraft through Courtesy Pay?**  
We will charge you a fee of \$37 each time we pay an overdraft; there is no cap on total fees. There is no fee if you have the service and don't use it.

**If you choose to opt in for Extended Coverage, we may also cover ATM withdrawals and everyday debit card transactions. Please make your selection below:**

**YES** - I want Quorum to authorize and pay overdrafts using Courtesy Pay on ATM and everyday debit card transactions on my checking account(s).

**NO** - I do not want Quorum to authorize and pay overdrafts using Courtesy Pay on my ATM and everyday debit card transactions on my checking account(s)

You can opt out of Courtesy Pay for ATM and everyday debit card transactions at anytime through online banking at [quorumfcu.org](http://quorumfcu.org) or by phone at (800) 874-5544.

For members who use more than one of these options, the order of use is: **Checking Reserve Line-of-Credit, Automatic Transfer, then Courtesy Pay.** In addition, the Alerts feature in online banking offers another layer of protection by allowing members to create low-balance alerts to notify them when their account is in danger of being overdrawn.

**SIGN HERE** MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_