

24/7 Banking Access

www.e53fcu.org

- TellerPhone 24-Hour Banking
 - Online Bill Pay
- 908-523-5860

Welcome to our Credit Union Family

Where you're not a customer,
you're an owner.

OFFICE	TELEPHONE	HOURS
LINDEN		
Main Office: Park & Brunswick Ave.'s	908-523-5860	8:15 am - 3:30 pm
BOB: 1400 Park Ave.	908-523-5056	8:15 - 11:00 am & 12:00 - 3:15 pm
LTC: 1900 E. Linden Ave.	908-474-3372	8:15 - 11:00 am & 12:00 - 3:15 pm
CLINTON		
1545 Route 22 East	908-730-3064	8:15 am - 3:15 pm

More Locations Coming Soon!



PO BOX 23
LINDEN, NJ 07036-9867



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Membership Application

Member Number _____ Credit Union Rep. _____
Branch _____

ACCOUNT TYPE: (check one)

- Single Joint Primary Owner
 Minor Custodian Payable on Death

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if Different) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

E-mail _____

Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Employer's Name _____

Employer's Address _____

What is the name of the company you work for or group you belong to?

How many people are in your household? _____

Membership Eligibility

- I am An Employee of an E53 FCU sponsor company A Contractor
 Retired A Family member of an existing member Group

Family Member Name _____

Patriot Act

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means 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 will also ask to see your driver's license or other identifying documents.

Signatures

By signing below, I hereby make application for membership in the E53 Federal Credit Union and agree to subscribe for at least one share. I/we agree to conform to the rules of the credit union, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt within 10 days of my account being opened of the credit union's Account Agreement, Truth-In-Savings Disclosure on Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the credit union makes. (The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.)

- I am subject to back up withholding Exempt
 I am not a United States Citizen or resident (complete W-8 form)

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

Applicant's/Custodian's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

Name of Successor Custodian _____ Date _____

Joint with Survivorship or Custodian

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if Different) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

E-mail _____

Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Employer's Name _____

Employer's Address _____

Sign me up for:

- Visa® Debit Card

I am interested in learning more about:

- Home Equity Loans Mortgages Student Loans
 Auto Loans Certificates VISA® Credit Cards
 Other Loan Products Savings Products