



Account Application and Agreement For Mail-In or Offsite Application

Attach identification for **each** applicant; and if current residence not listed on ID, please include proof of address. **US Citizen** – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID); **Minor** – Social Security Card; **Non-US Person** – Individual Taxpayer ID Card **and** valid government issued photo identification from country of origin or United States (Consular ID Card, Cedula, Passport, US Work Authorization ID, Permanent Resident Card.) Mail to: Affinity FCU PO Box 621 Basking Ridge, NJ 07920.

USA Patriot Act: 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 who opens an account. What this means to 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.

Step 1 – Citizen Status Membership Number: _____

U.S. Citizen Resident Foreign National holding: Green Card Visa (enter type): _____

Step 2 – Membership Eligibility

I am an employee, retired employee, eligible contractor, volunteer, or member of the following Select Employee Group within Affinity's field of membership:

I am related to an existing AFCU member. **Name:** _____ **Relationship:** _____

Step 3 – Select Membership Type

Individual Joint
 SS Representative Payee (attach SS Administration Letter) Guardianship
 Custodial – Custodial Account Agreement Required

Step 4 – Select Account Type

Indicate your initial deposit amount & deposit payment source: Cash Check Transfer from account #:

<input type="checkbox"/> Membership Eligibility (\$5 deposit required for new memberships)	<input type="checkbox"/> Non-Interest Savings Initial Deposit \$
<input type="checkbox"/> Affinity Cash Back Debit Initial Deposit \$	<input type="checkbox"/> SmartStart Savings Initial Deposit \$
<input type="checkbox"/> MoreChecking Initial Deposit \$	<input type="checkbox"/> MoreSavings Initial Deposit \$
<input type="checkbox"/> Revolution Spend (age 17-24) Initial Deposit \$	<input type="checkbox"/> Revolution Save (age 17-24) Initial Deposit \$
<input type="checkbox"/> Teen Checking (age 13-16) Initial Deposit \$	<input type="checkbox"/> Teen Savings (age 13-16) Initial Deposit \$
<input type="checkbox"/> Savvy Saver Club (age 0-12) Account must be titled as Custodial Account Initial Deposit \$	
<input type="checkbox"/> Certificate – Select term of: 1, 3, 6, 7, 9, 12, 15, 18, 24, 30, 36, 48, 60 months Post Dividends to: <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____ (enter account number) Term ____ Months Initial Deposit \$ _____ Term ____ Months Initial Deposit \$ _____ Term ____ Months Initial Deposit \$ _____	

Step 5 – New Membership Onboarding Information

Please indicate your preferred method of contact: Home Phone Work Phone Cell Phone Email

Please also indicate the best date and time to contact you about your new membership:

Step 6 – Please select one:

Primary UTMA Youth Minor Social Security Beneficiary Ward

Name	Social Security Number	Date of Birth	Mother's Maiden Name	DL Number (incl. state)
Home Street Address	City		State	Zip
Home Phone	Cell Phone		Work Phone	Email
Employer		Years Employed	Occupation	

Step 7 - Please select one:

Joint Non Tax Owner UTMA Custodian Social Security Representative Payee Guardian Power of Attorney

Name	Social Security Number	Date of Birth	Mother's Maiden Name	DL Number (incl. state)
Home Street Address	City		State	Zip
Home Phone	Cell Phone		Work Phone	Email
Employer		Years Employed	Occupation	

