



1325 Oxford Drive • Allentown, PA 18103
 (610) 791-2464 • Fax (610) 791-2900

SHARE DRAFT ACCOUNT/ VISA CHECK CARD APPLICATION

Applicant Information	Last name, first name, middle initial	Social Security Number	For Office Use Do Not Detach. IMPORTANT: Read cardholder agreement and remember to sign your application. <i>RECORD YOUR PIN HERE</i> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> No Q or Z please. Please select all letters or all numbers.
	Street address		
	Apartment # / PO Box #		
	City, State, Zip code		
	Day telephone ()	Mother's maiden name	
Joint Applicant Information	Last name, first name, middle initial		
Additional Card	<input type="checkbox"/> Check box if applicant wishes a second card. Note: not available when joint applicant listed.		
Primary Account Information	Checking	<input style="width: 100%;" type="text"/>	
	Savings	<input style="width: 100%;" type="text"/>	

The undersigned certify that the information provided on this application is true and correct. Individually or joint, you each agree that the Credit union may (without prior notice and when permitted by law) charge against and deduct from this account any due and payable debt owed to us now or in the future, by any of you having the right of withdrawal, to the extent of such persons' or legal entity's right to withdrawal. If the debt arises from a note, "any due and payable debt" includes the total amount of which we are entitled to demand payment under the terms of the note at the time we charge the account including any balance due, the date for which we properly accelerate under the note. You authorize the Credit Union to obtain credit inquiries as deemed necessary in connection with your account. The undersigned acknowledge receipt of a copy of agreements, terms and conditions applicable to the share draft/checking account and the following policy disclosures: Truth in Savings, funds Availability, Electronic Funds Transfer and Fee Schedule.

X _____
 APPLICANT'S SIGNATURE DATE
 X _____
 JOINT APPLICANT'S SIGNATURE DATE

**If you wish to transfer funds to related accounts (example: family accounts) via audio response AMEY, please list member numbers below:
 You must be a joint owner on any account listed.**
 Cross Member Number _____ Cross Member Number _____
 Cross Member Number _____

Financial Institution Use Only
 Date _____ Verified By _____ Checking Account # _____