



Checking Account Application

Primary Owner					Member Number:	
Last Name		First Name		MI	SSN (xxx-xx-xxxx)	
Street Address						
City		State	Zip Code	Home Phone		Work Phone
Date of Birth (mm/dd/yyyy)		E-Mail Address			Work E-Mail Address	
Employed By						
Employer Address				City		State Zip Code
Account Type: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Minor						

Joint Applicant						
Last Name		First Name		MI	SSN (xxx-xx-xxxx)	
Street Address						
City		State	Zip Code	Home Phone		Work Phone
Date of Birth (mm/dd/yyyy)		E-Mail Address			Work E-Mail Address	
Employed By						
Employer Address				City		State Zip Code

Checking Account Agreement (*not transferable)

I/We hereby authorize the Credit Union to establish this Checking Account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the funds in this account. This account is subject to the credit union's "Terms and Conditions of Your Account" agreement.

It is further agreed that:

- (a) Only checks and other methods approved by the Credit Union may be used to make withdrawals from this Account.
- (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected checking balance in this Account. The Credit Union may, however, pay such checks and transfer funds to this Account in the amount of the resulting overdraft, plus service charge, from any other Credit Union Account from which any owners is then eligible to withdraw funds.
- (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check.
- (d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is provided.
- (g) This Account is also subject to other such terms, conditions and service charges as the Credit Union may establish from time to time.

ADDITIONAL TERMS AND CONDITIONS

By completing this form, the Credit Union is hereby authorized to recognize any of the applicants subscribed on this document hereof in the payment of funds or the transaction of any business for this Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on funds, or heretofore or hereafter paid in on funds by any or all of said joint owners to their credit union 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 to any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment. 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 the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.

Please print this form, sign and date it, then fax to the credit union at (908) 282-9885. Please mail the original Checking Account Application to:

Entertainment Industries FCU
16 West Grand Street
Elizabeth, NJ 07201-2312

Primary Owner Signature _____ Date ____ / ____ / ____

Joint Member Signature _____ Date ____ / ____ / ____