



Make check payable to MSDFCU for initial deposit.

Return application to: MSDFCU, 335 West Butler Avenue, Chalfont, PA 18914

A. Primary Member (Please include copy of Driver's License or Student ID)

(First/Middle/Last)		Date of Birth	Social Security Number	Driver's License Number and State or Student ID	
Citizenship <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien		Country	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name	
Mailing Address (If PO Box, please complete Physical Address)			City	State	Zip
Physical Street Address			City	State	Zip
Email Address			Alternate Email Address		
Home Phone		Work Phone (If Applicable)	Cell Phone (If Applicable)		
Employer's Name (If Applicable)			Job Title (If Applicable)		
Complete if eligible for membership through a family member					
Family Member's Name		Relationship	Family Member's Account Number		

B. Joint Owner (Please include copy of Driver's License. If more than one Joint Owner, use Account Change Form.)

(First/Middle/Last)		Date of Birth	Social Security Number	Driver's License Number and State	
Citizenship <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien		Country	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name	
Mailing Address (If PO Box, please complete Physical Address)			City	State	Zip
Physical Street Address			City	State	Zip
Email Address			Alternate Email Address		
Home Phone		Work Phone	Cell Phone		
Employer's Name			Job Title		

C. Accounts and Services Requested (Check the account(s) you wish to open and indicate deposit amount for each.)

Primary Member Account	Joint Owner Access	Initial Deposit	Primary Member Account	Joint Owner Access	Initial Deposit
<input type="checkbox"/> Savings (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ (Min. \$5)	<input type="checkbox"/> Vacation Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Checking*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Other Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Money Market*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Holiday Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> CUTIPS Audio Response**	<input type="checkbox"/> Yes <input type="checkbox"/> No	*To order checks, please speak to a Credit Union representative by calling (215) 996-3700. **Initial password is the last four digits of your Social Security Number.			

D. Certification, Authorization, and Signature(s)

Authorization I/we hereby apply for membership in Merck Sharp & Dohme Federal Credit Union and agree to conform to its laws and amendments and to subscribe to at least one share. I/we agree to the terms and conditions printed on the reverse side of this form, as well as the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of the copy of the Agreement and Disclosures applicable to the accounts and services requested herein made available on our website at www.msdfcu.org or upon request. If a Visa® Debit Card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Certification of Taxpayer Identification Number and Backup Withholding Under penalties of perjury, I/we certify that (1) the number(s) shown on this form is my/our correct taxpayer identification number, (2) I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and (3) I am/we are a U.S. person (including a U.S. resident alien). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person.

Joint Owner Account Agreement MSDFCU is hereby authorized to recognize any of the signatures subscribed hereto in payment of funds or the transaction of business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on savings, heretofore or hereafter paid in on savings by any or all said joint 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 to any of them or the survivor(s) shall be valid and discharge said credit union from any liability for such payment. Any or all of said joint owners may pledge all or part of the savings in this account as collateral security to a loan or loans. The right of 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.

Important Information About Procedures for Opening a New Account 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, including business entities, who open an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, social security number or Taxpayer Identification Number (TIN), and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Primary Member Signature	Date	Joint Owner Signature	Date
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OFFICE USE ONLY

Style Code: WD _____ Teller ID: _____ Branch: _____ Date: _____

Member Account #: -
MICR

ID Scanned A9 On File W8

rev. 05/18

This Copy of Agreement for Applicant's Files

CHECKING / MONEY MARKET ACCOUNT AGREEMENT

I/We hereby authorize the Merck Sharp & Dohme Federal Credit Union to establish a special savings account for me/us to be known as a Checking/Money Market Account. The Credit Union is authorized to pay checks by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the Checking/Money Market Account. It is agreed that:

- (a) Only checks/money market checks and other methods approved by the Credit Union may be used to withdraw funds from the Checking/Money Market Account;
- (b) The Credit Union is under no obligation to pay a check which exceeds the fully paid and collected balance in the Checking/Money Market Account; the Credit Union may, however, pay such a check/money market check and transfer savings to this account in the amount of the resulting overdraft, plus a service charge, from any other savings account from which any of the undersigned is then eligible to withdraw savings;
- (c) The Credit Union may pay a check/money market check on whatever day it is presented, notwithstanding the date (or any limitation on the time of payment) appearing on the check/money market check;
- (d) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check/money market check;
- (e) Any objection respecting any item shown on a monthly statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed;
- (f) The Checking/Money Market Account shall be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time;
- (g) The use of the Checking/Money Market Account is subject to such other conditions and requirements as the Credit Union may establish from time to time; and
- (h) If signed by more than one person, this agreement is subject to the additional terms and conditions of any joint savings account agreement that applies to a savings account in our joint names.

ATM CARD / STAR CARD / VISA DEBIT CARD AGREEMENT

The undersigned ("I" or "we"), in consideration of the MSDFCU ("you" or "your") issuing to me a ATM/STAR/VISA Debit Card hereby agrees to be legally bound by the following terms and conditions:

1. Accounts and Uses of ATM/STAR/VISA Debit Card. I have the account(s) (including such checking or savings) which you set forth on my application form. I hereby request that you issue to me a ATM/STAR/VISA Debit Card to be used in connection with such accounts as described in this Agreement. I understand I may use my ATM/STAR/VISA Debit Card with my Personal Identification Number ("PIN") at a STAR or CIRRUS automated teller machine (ATM) to: (1) withdraw cash from my account(s); (2) effect transfers to or from my accounts; (3) make or arrange for deposits to my account(s); or (4) receive information regarding the balance in my account(s). I may also use the VISA Debit Card to perform these transactions at any ATM bearing the VISA logo. I further understand that I may use my ATM/STAR/VISA Debit Card at any retail establishment ("Merchant") where ATM/STAR cards are accepted or where VISA is accepted (VISA Debit Card only) to purchase goods and services and/or to obtain cash where permitted by the Merchant ("Purchase"). If I use the ATM/STAR/VISA Debit Card to make a Purchase, I shall be requesting you to withdraw funds in the amount of such Purchase (including any cash received from the Merchant) from my primary transaction account designated on my application form and directing or ordering you to pay such funds to the Merchant. I acknowledge that my PIN is not used in a VISA point-of-sale purchase, and therefore I agree to take all reasonable precautions that no one else has access to my VISA Debit Card.

2. Use of Personal Identification Number ("PIN") with ATM/STAR/VISA Debit Card. I understand that a STAR or CIRRUS ATM is an automated teller. It can and will perform many of the same tasks as a human teller. I acknowledge that the Personal Identification Number or PIN which I use with the VISA Debit Card is my signature, identifies the bearer of the Card to the STAR/CIRRUS ATM or other network ATM and authenticates and validates the directions given just as my actual signature and other proof of identity and authenticates and validates my directions to a human teller. I also understand that a Merchant which accepts the VISA Debit Card for a Purchase transaction may have an electronic terminal (Merchant-Operated or self service) which requires the use of my PIN and when my PIN is used

at a Merchant's terminal, it will authenticate and validate the directions given just as my actual signature will authenticate and validate my directions given to you. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the ATM/STAR/VISA Debit Card is a security method by which you are helping me to maintain the security of my account(s). Therefore, I AGREE TO TAKE ALL REASONABLE PRECAUTIONS THAT NO ONE ELSE LEARNS MY PIN.

3. Liability for Unauthorized Transactions. I agree to contact you at once if I believe the ATM/STAR/VISA Debit Card(s) issued to me or my PIN has been lost or stolen or money is missing from my account(s). I also agree that if my monthly statement shows transactions which I did not make, and I do not contact you within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I AGREE THAT IF I GIVE MY ATM/STAR/VISA Debit Card(s) AND PIN TO SOMEONE ELSE TO USE, I AM AUTHORIZING THEM TO ACT ON MY BEHALF AND I WILL BE RESPONSIBLE FOR ANY USE OF THE CARD(S) BY THEM.

4. How to Contact Cardholder Services. I agree to contact Cardholder Services IMMEDIATELY, if I believe my Visa Debit Card issued to me or my PIN has been lost or stolen or that an unauthorized transfer, withdrawal or purchase from any of my accounts has occurred or might occur, by contacting you and confirming such information by phone, email or regular mail at:

MSDFCU
335 W Butler Avenue
Chalfont, PA 18914 or
Email: info@msdfcu.org or
MSDFCU: (215)996-3700 or
Cardholder Services: (888)918-7779

5. Charges. I agree to pay the charges or transaction fees which are charged by you for these services or for services which may later be offered as such fees or charges may be imposed or changed from time to time.

6. Deposits. I agree that when I make a deposit at a STAR ATM or any ATM bearing the CIRRUS name and logo that you have the right to verify the deposit before you make the money available to me. If I deliver cash, checks, or other items to a STAR ATM or any ATM bearing the CIRRUS name and logo, I understand and acknowledge that the funds from my deposit may not be available for immediate withdrawal and that the availability of my deposit shall depend on your rules and regulations regarding the particular account in which I am making a deposit, the items that I am depositing, and whether the deposit is made at a STAR ATM or any ATM bearing the CIRRUS name and logo that is owned by you or by another financial institution. I also understand and acknowledge that not all STAR ATMs may accept deposits and some STAR ATMs may limit the amount of funds which may be deposited and you may not control these limits.

7. Liability. If the STAR/VISA Debit Card is issued for a joint account, we agree to be jointly and severally liable under the terms of this Agreement and the Agreement for such account. I agree that if I make deposits to my account(s) with items other than cash (checks, drafts, or other items) and you make funds available to me from such deposits prior to their collection, I agree that you may deduct the amounts of such funds from my account(s) which are not collected or, if the funds in my account(s) are insufficient at such time, I will promptly pay to you any amount of such funds which are not collected.

8. Amendment of this Agreement: I agree that from time to time you may amend or change the terms of this Agreement including amendments or changes to add further ATM/STAR/VISA Debit Card services or to amend or change the charges for these services. You may do so by notifying me in writing of such amendments or changes and my use of the ATM/STAR/VISA Debit Card after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

9. Ownership. I agree that the ATM/STAR/VISA Debit Card is your property and I will surrender it to you upon your request. I agree that the ATM/STAR/VISA Debit Card is non-transferable.

10. Disclosures. I hereby acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act and a copy of this Agreement.