



Checking Account and ATM/Visa Debit Card Application

**All applications must include a photocopy of the Primary Member and Joint Owner's valid government-issued ID that contains the individual's signature.*

East Baltimore Branch
2027 E. Monument St.
Baltimore, MD 21205

Homewood Branch
4 E. 33rd St.
Baltimore, MD 21218

Bayview Branch
5201 Alpha Commons Dr.
Baltimore, MD 21224

Account Number:
Issue requested card(s) to:
<input type="checkbox"/> Primary Member
<input type="checkbox"/> Joint Owner 1
<input type="checkbox"/> Joint Owner 2

Service(s):
<input type="checkbox"/> ATM Card
<input type="checkbox"/> Visa Debit Card
<input type="checkbox"/> Checks

Primary Member Information

First	Middle Name	Last	Date of Birth	Social Security Number
Address				
Primary Telephone	Cell Telephone	Work Telephone	Email Address	
State/Government-Issued ID Type and ID Number			Issue Date/Exp. Date	

Joint Owner 1 Information

First	Middle Name	Last	Date of Birth	Social Security Number
Address				
Primary Telephone	Cell Telephone	Work Telephone	Email Address	
State/Government-Issued ID Type and ID Number			Issue Date/Exp. Date	

Joint Owner 2 Information

First	Middle Name	Last	Date of Birth	Social Security Number
Address				
Primary Telephone	Cell Telephone	Work Telephone	Email Address	
State/Government-Issued ID Type and ID Number			Issue Date/Exp. Date	

Account Funding

<input type="checkbox"/> Check enclosed. Amount: \$
<input type="checkbox"/> Transfer \$ _____ from my JHFCU <input type="checkbox"/> savings <input type="checkbox"/> other _____

Terms and Conditions

By my signature below, I acknowledge receipt of Johns Hopkins Federal Credit Union's ("the Credit Union") Agreements and Disclosures (the "Agreements") and I have read all appropriate agreements and disclosures contained in that document. I agree to be bound by the terms and conditions set forth in the Agreements, as are currently in effect and as may be amended or adopted hereafter. I also agree to follow the Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as may be changed or added after I sign this Application and I agree to pay any charges or fees which may be required or assessed under the Agreements, Rules, Regulations, Bylaws and Policies against me or this account.

Lien on Shares: By our signatures below as account owner and joint account owner (if applicable), we agree that regardless of the source of the funds, any monies deposited into any jointly owned account with the Credit Union, including any dividends or earnings thereon, become, upon deposit, jointly owned shares of all account owners, with the right of survivorship. Additionally we together and individually grant the Credit Union a security interest in and a lien on all shares contained in this joint account and agree that the Credit Union may apply against any debts or obligations owed to the Credit Union by any us, either jointly or individually, all shares in this joint account, regardless of their source, and that the Credit Union also is entitled to offset any amounts that any of us owe to the Credit Union with the shares contained any account (individual or joint) with the Credit Union in which we are an account owner regardless of the source of the shares in that account.

By our signatures below as account owner and joint account owner (if applicable), we further acknowledge and agree that regardless of how or by whom any debt or obligation to the Credit Union arises as a result of the opening, use or closing of any joint account, that all owners of the account shall be jointly and severally liable to the Credit Union for the amounts owed to it and the Credit Union may apply any shares held by any owner of the

account towards the debt or obligation arising from this account, regardless of whether those shares are jointly owned with another individual who is not an owner of the account in which the debt or obligation arose.

By our signatures below as account owner and joint account owner (if applicable), we agree that all funds deposited into the account opened, including any dividends or earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate.

By my signature below, I agree that the Credit Union and/or its attorneys and third-party debt collectors may contact me by telephone, text message or electronic mail ("Email") at any telephone number associated with my account, including all wireless telephone numbers (i.e. cell phone numbers) or Email address (in spite that such contact might result in charges to me), in order to service my account or collect any amounts owed to the Credit Union, excluding any contacts for advertising and telemarketing purposes as prescribed by law. I further agree that the methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. I understand that I may withdraw my consent to be contacted on my cell telephone number(s) or Email at any time by written notice to the Credit Union at 2027 East Monument Street, Baltimore, MD 21205, by email to jhfcu-g@jhfcu.org or via phone at 1-800-543-2870. If I have provided the Credit Union with a wireless telephone number(s) or Email address on or in connection with this Account Application, I represent and agree that I am the wireless subscriber or customary user of that wireless telephone numbers or Email addresses provided and have the authority to give this consent. Furthermore, I agree to notify the Credit Union of any change to the wireless telephone number(s) or Email addresses for which I am providing my consent to be contacted.

Suspension of Services: I agree the Credit Union has the right to suspend the benefit of any of its services or privileges to me and any joint owner or authorized user of my accounts at the Credit Union, except maintaining a share account with in-person access to the shares therein, at any time for reasonable cause, including, but not limited to, if I cause the Credit Union a loss or if I cease being a member in good standing of the Credit Union.

Agreement and Signatures

I agree to the terms and conditions set forth in this Application and also agree to be bound by Johns Hopkins Federal Credit Union's Rules, Regulations, Bylaws and Policies and its Agreements and Disclosures now in effect and as may be amended or adopted after I sign this Application.	
Primary Member Signature:	Date:
Joint Owner 1 Signature:	Date:
Joint Owner 2 Signature:	Date:

Credit Union Use Only		
Qualifile (Primary Member)	Qualifile (Joint Owner 1)	Qualifile (Joint Owner 2)
Rate Supplement and Schedule of Fees given personally:	_____ Employee Initials Date	<input type="checkbox"/> ID(s) scanned in Branch Suite <input type="checkbox"/> Application scanned
Rate Supplement and Schedule of Fees given by mail/electronically:	_____ Employee Initials Date	