CHECKING/MONEY MARKET ACCOUNT AGREEMENT

I/We hereby authorize 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 written 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 that 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.

VISA® DEBIT CARD AGREEMENT

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

1. Accounts and Uses of Visa Debit Card. I have the account(s) (including such checking or savings) that you set forth on my application form. I hereby request that you issue to me a Visa Debit Card to be used in connection with such accounts as described in this Agreement. I understand I may use my 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) affect 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 Visa Debit Card at any retail establishment ("Merchant') where Visa Debit 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 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 Visapoint-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 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 that 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 authenticates and validates my directions to a human teller. I also understand that a Merchant that 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 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 SO THAT NO ONE ELSE I FARNS MY PIN

3. Liability for Unauthorized Transactions. I agree to contact you at once if I believe the 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 that 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 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 Visa. I agree to contact Visa IMMEDIATELY if I believe my Visa Debit Card issued to me or my PIN has been lost or stolen or that an unauthorized transfer or Purchase from any of my accounts has occurred or might occur, by phoning and by confirming such information in writing to you at:

MSDFCU

335 West Butler Avenue Chalfont, PA 18914 MSDFCU: (215) 996-3700 or Visa 24 Hour Customer Service: (800) 654-7728

5. Charges. I agree to pay the charges or transaction fees that are charged by you for these services or for services that 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, 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 understand and acknowledge that not all STAR ATMs may accept deposits and some STAR ATMs may limit the amount of funds that may be deposited and you may not control these limits.

7. Liability. If the 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 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 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.

 Ownership. I agree that the Visa Debit Card is your property and I will surrender it to you upon your request. I agree that the 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.

APPLICATION CHECKLIST

Please return the following with your application:
 Signed Membership application.
 Current valid Driver's License, State Identification or Passport for owners and joint owners on the account.

- If Driver's License address does not match your application address or the identification is a passport, please include proof of address, such as your Driver's License address update or a current utility bill showing the same address as the application.
- □ Minimum deposit of \$5 (check or cash please do not send cash through the mail).

Applications may be brought to any branch office or mailed to the address below.



01-0519

Merck Sharp & Dohme HEDERAL CREDIT UNION Membership APPLICATION





Make check payable to MSDFCU for initial deposit. Return application to: MSDFCU, 335 West Butler Avenue, Chalfont, PA 18914

A. Primary Member (Pl	Please include copy of Driver's License.)	copy of Driv	er's Licen	se.)	-		
(First/Middle/Last)		Date of Birth	ء	Social Security Number	Driver's License Number and State	Number and	l State
Citizenship		Country		Sex	Mother's Maiden Name	Name	
U.S. CResident Alien				□ Male □ Female			
Mailing Address (If PO Box, please co	e complete Physical Address.)	ss.)	City		State	Zip	٩
Physical Street Address			City		State	diZ	Q.
Add a Verbal Password			Email Address	8	Alternate Email Address	Address	
Home Phone		Work Phone		0	Cell Phone		
Employer's Name				Job Title			
Complete if eligible for membership through a family member Family Member's Name	iership through a fami	ly member Relationship		Family Member's Account Number	her		
			,				
B. Joint Owner (Please	se include copy	of Driver's	-icense.	If more than one Joint	ð	Account	Change Form.)
(First/Middle/Last)		Date of Birth	د	Social Security Number	Driver's License Number and State	se Number a	nd State
Citizenship	Von-resident Alien	Country		Sex	Mother's Maiden Name	en Name	
Mailing Address (If PO Box, please co	e complete Physical Address.)	s.)	City		State		Zip
Physical Street Address			City		State		Zip
Add a Verbal Password			Email Address	ω	Alternate Email Address	il Address	
Home Phone		Work Phone		0	Cell Phone		
Employer's Name		-		Job Title			
C. Accounts and Servi		d (Check the	account(s)	ces Requested (Check the account(s) you wish to open and indicate deposit amount for each.)	indicate deposit	t amount	for each.)
Primary Member Account		Initial Deposit		Primary Member Account	Joint Owner Access	Initial Deposit	eposit
Savings (required)	٩	(Min. \$5)	\$5)	☐ Vacation Savings	Tes No	÷	
Checking*				□ Other Savings	Tes No	\$	
Debit Card Holiday Savings	□ Yes □ No No 5	8 N/A		D CD			
CUTIPS Audio Response**	$\left - \right $	To order checks, ple	ease speak to a the last four di	*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.	/ calling (215) 996-370 ber.	00.	
D. Certification, Author	iorization, and Signature(s)	Signature(s)					
Authorization I/We hereby apply for membrothe the terms and conditions printed on the rew fif applicable, and conditions printed on the rew fif applicable, and to any amendment the cred fif applicable, and to any amendment the cred schemeles of the Electronic Fund T Certification N Certification of Taxpayer Identification N Certification of Taxpayer Identification N Lumber (2) a mwe are not subject to backup withholding as a rea u.S. person (mouding u.S. resident alian all interest and dividends on your tax return. Joint Owner Account Agreement MSDFC owners of this account hereby agree with ead as such joint owners with all accumulations there of the sucivity to a loan or loans. The right of authouwhich shall not affect transactions therefore institutions to obtain, verify, and recoord moments institutions to obtain, verify, and recoord moments of birth. Social Security	membership in Merck Sha membership in Merck Sha the reverse side of this for reverse side of this for reverse method are available on or reversite Agreement. Itom Number and Backup tion Number and Backup tion Number and Backup tern. Complete a W-8 BE RSDFCU is hereby authorit Are allon in the area of sha into sthereon, are and sha nd dischere and with as tilons thereon, are and sha nd dischere and a the autority of the credit uni- tetofore made.	arry & Dohme Federal m, as well as the Me aur website at www.m aur website at www.m of the form which a withholding Under sec (a) 1 am/we are e an all interest or divid so ut item 2 above if N if you are not a U.S cad to recognice any if or each in the above if a credit union that all in form any liability on under this agreem w Account To help th w Account To help th	I Credit Union an imbership and Ac are incorporated are incorporated softcu.org or upc r penalties of per the signature south paid jointly with right for such paid per shall not per shall not per shall not per shall not per shall per shall not per shall not per shall not per shall not per shall	mbership in Merck Sharp & Dohme Federal Credit Union and agree to conform to its laws and amendments and to subscribe to at least one share. INVe agree reverses sign of this form, as well as the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, are futurion as well as the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, are futurion makes from time to time which are incorporated herein. I/We acremovided receipt of the copy of the Agreement and Disclosures applicable to an imade available on our website at www.msdfcu.org or upon request. If a Visa* Debit or EFT service is requested and provided, I/we agree to the terms and dT ansite Agreement. Number and Backup Withholding Under penalities of perjury, I/We certify that (1) the number(s) shown on this form is my/our correct taxpayer identification exbu withholding Under penalities of c) the IRS has notified me/us that I am/we are in Backup withholding Under penalities or (c) the IRS has notified me/us that I am/we are molonger subject to backup withholding are (3) I am/we are and Backup withholding ver (b) I/we have not been notified by the IRST that you are currently subject to backup withholding are (3) I am/we are and and with salf credit union that all sums now paid in on savings. Any or all said joint owners to the report and with saff credit union that all sums now paid non savings. Herebotico or herefare paid in on savings by any or all said joint owners to the fore and with saff credit union many light of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of dischange said credit union under this agreement. The joint are and shall be owned by them point y with right of survivorship and by said owners, or any of them except by withen to any of dischange said credit union under this agreement. Any or all of said joint owners, or any of them except by written notice to sand credit and inonity	amendments and to subs Rate and Fee Schedule (the copy of the Agreem ervice is requested and r(s) shown on this form i taken notified by the int taken notiger subject to backup unds or the transaction c entity subject to backup or ands or the transaction c evithdrawal or receipt o ay pledge all or part of the evithdrawal or receipt o ay pledge all or part of the evithdrawal or receipt o evithdrawal or receipt o ay pledge all or part of the evithdrawal or receipt o any pledge all or part of the evithdrawal or receipt o any pledge to pour When ave dentify you. We may also	scribe to at lessible to at lessible to at lessible to at lessible tent and Dischler provided, I/we provided, I/we lemal Revenue termal Revenue withholding be backup with any of them at any of all self any of them if p by written n reverted and reve	ast one share. I/We agree ability Policy Disclosure, osures applicable to agree to the terms and ect taxpayer identification e service (ITSS) that I am/ olding, and (3) I am/we are rolding, and (3) I am/we are cuse you failed to report this account are collateral on payment to any of his account as collateral his account as collateral his account as collateral count, we will ask for your our driver's license or other
Primary Member Signature		Date	۵	Joint Owner Signature			Date
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Member Account #: [