



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

A. Primary Member			
(First/Middle/Last)	Date of Birth	Social Security Number	Student ID (If Applicable)
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	Cell Phone (If Applicable)		
Eligible for membership through:			
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 checked="" 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"/> Holiday Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Other Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Money Market*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> CUTIPS Audio Response**	<input type="checkbox"/> Yes <input type="checkbox"/> No	**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 #:

ID Scanned W8

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.