



I/We authorize NYTEFCU to open the following accounts:

- Share**
- Checking**
- Money Market**
- IRA Share**
- Club (anything you want it to be)**

Primary Owner (First Name, MI, Last Name)

Social Security #

— —

Home Address (Include Apt. #, Floor, etc.)

City

State

Zip

Email (Required)

Home Phone (with area code)

Work Phone (with area code)

Date of Birth

Employed By (include location)

Driver's License Number

State of Issuance

Eligibility (required):

- Employer _____
- Family Member – Name _____

JOINT OWNER

Add joint owner to my:

- Share**
 - Checking**
 - Money Market**
 - IRA Share**
 - Holiday**
-

Home Address (Include Apt. #, Floor, etc.)

City **State** **Zip**

Email (Required)

Home Phone (with area code) **Work Phone (with area code)**

Date of Birth **Employed By (include location)**

Driver's License Number **State of Issuance**

Being within the field of membership, I/we hereby apply for membership in the New York Times Employees' Federal Credit Union and agree to conform to its bylaws and amendments thereto; subscribe for at least one share; and agree to the conditions printed in this form.

By signing below, I/we agree to be bound by the NYTEFCU's bylaws, and all rules, regulations, terms and conditions governing this account, and all amendments thereto which may be in effect from time to time. A Membership Disclosure information brochure will be provided to me/us. New York Times Employees' Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. I/We authorize you to obtain information about me/us from credit reporting sources, and report my/our experience with this account to credit bureaus and others who may inquire about my/our experience with this account. You may also request or use subsequent consumer reports in connection with a review, update, renewal or extension of my/our accounts without additional notice to me/us.

Upon death of the last surviving account holder, the balance in this account shall be paid to:

Print Name (leave blank if no beneficiary) _____

S.S. # _____

Address _____

Phone # _____

Overdraft Options (choose one):

- Transfer from my/our Line-of-Credit first, then Share account
- Transfer from my/our Share account first, then Line-of-Credit

***Please Print, Complete and FAX to (212) 921-0385**

We will begin processing this request immediately after receiving it. A form requesting your signature will be forwarded to you soon. Thank you.

