



Membership Application

ELIGIBILITY: You are eligible to join BHCU if you live, work, worship or attend school in Delaware County, Pennsylvania. Your family members can also join BHCU even if they are outside of Delaware County, including your spouse, children, siblings, parents, grandparents, grandchildren, step-children, step-parents, step-siblings and adopted children. Non-related household members can also join.

Live
 Work/Employer
 Worship
 Attend school
 Family _____
Name of family member Relationship

How did you learn about BHCU? _____

Primary Name _____ Months at present address _____

Home Address: Street _____ City _____ State _____ Zip _____

Previous home address (if less than 60 months): Street _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Social Security Number _____ E-mail address _____

Identification Type _____ ID# _____ State _____ Issue Date _____ Expiration Date _____

Employer _____ # months employed _____ Title _____

Street _____ City _____ State _____ Zip _____

Mother's Maiden Name _____

In addition to my Regular Share Savings account (required for membership):

- I/we authorize BHCU to establish Online Banking and Audio Response Access.
- I/we authorize BHCU to establish E-Statements.
- I/we authorize BHCU to open the following deposit accounts:
 - iSAVE Savings iSAVE Free Checking iSAVE Money Market Youth iSAVE Savings
 - Classic Checking Classic Money Market Premier Money Market Holiday & Vacation Club
- Please order basic checks
- I/we authorize BHCU to issue a VISA Debit Card and agree to the terms and conditions in the Disclosure using the PIN selected below.
 Personal Identification Number (PIN) is _____. Please memorize your PIN as the Credit Union will not retain this number.
- I/we authorize BHCU to establish Overdraft Privilege Services and agree to the terms and conditions in the Disclosure.

*****Please sign the reverse side to complete application.*****



Joint Share Account Agreement *Not Transferable

BHCU is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any 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 shares, or heretofore or hereafter paid in on shares by any or all of 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 or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. The right or 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.

Joint Owner Name Months at present address

Home Address: Street City State Zip

Previous home address (if less than 60 months): Street City State Zip

Phone (H) (W) (Cell)

Date of Birth Social Security Number E-mail address

Identification Type ID# State Issue Date Expiration Date

Employment Status Employer # months employed Title

Street City State Zip

Mother's Maiden Name

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 who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. All applications are subject to eligibility and Credit Union approval.

Taxpayer Certification

Under penalty of perjury, I certify (1) that the number shown on this card is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. The IRS does not require the taxpayer to agree to the contractual provisions included on this form and (3) I am a U.S. person (including a U.S. Resident Alien).

I hereby make application for membership in and agree to conform to the Bylaws, as amended, of BHCU (the "Credit Union"). I certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my name at this Credit Union. (I have received disclosure for any Credit Union accounts I now have and agree to the terms and conditions set forth for those and any future accounts. I also agree the Credit Union may change these terms and conditions from time to time. This account may not be pledged, transferred, or assigned to any party other than the Credit Union.) Credit Union has the ability to close account if you did not qualify for membership at the time of account opening. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future.

Member's Signature Date

Joint Owner Member's Signature Date