MONROEVILLE BORO FEDERAL CREDIT UNION

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERRABLE)   Joint Account # _____

The MONROEVILLE BORO 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. The joint owners of this account, hereby agree with each other and with said Credit Union that all sums now paid in or shares or heretofore or hereafter paid in on shares by any or all of said join 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 established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from this credit union. 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.

 (The signature on first line ( ) should be same as signed on other side of card)

Today's Date: _____ SS# _____ Date of Birth _____

ACCOUNT # _____ PRINTED NAME _____

ADDRESS: _____

EMPLOYER (check one): _____ Municipality of Monroeville _____ Monroeville Municipal Authority

TELEPHONE NUMBER: _____   OCCUPATION: _____
PLACE OF BIRTH _____

Wife's first and maiden name OR husbands full name: _____

I hereby make application for membership in the credit union named below, and agree to conform to its bylaws and amendments thereof, copies of which have been made available to me and subscribe for at least one (1) share. If Life Savings insurance is carried in connection with my account I agree, in consideration of the credit union carrying such insurance, that any designation or change of beneficiary made by me shall only be binding upon the credit union, if I have filed with the credit union prior to my death, such designation or change of beneficiary, in writing signed by me, on the form supplied by the credit union; and in the absence of so filing a designation or change of beneficiary, I agree on behalf of myself, my heirs, etc. to indemnify and save harmless the credit union from all loss or damage by reason of the payment of the proceeds of such insurance to such person as the credit union records show to be entitled thereto.

SIGNATURE: _____ DATE: _____

This application approved by: _____ DATE: _____

INSTRUCTION TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of whichever certification you sign below:

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACK UP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form 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 back up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am not longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 20% (20 percent) of all reportable payments thereafter made to me until I provide a number.

SIGNATURE: _____ DATE: _____

MONROEVILLE BORO FEDERAL CREDIT UNION PAYROLL DEDUCTION AUTHORIZATION / CHANGE

EMPLOYEE NAME _____   ACCOUNT _____

EMPLOYEE # _____   SOCIAL SECURITY # _____

The amount in the sections below must match the total above

TO PAYMASTER: I hereby authorize the following deduction from each pay totaling $_____ until further notice from me and transmit funds currently to the above named CREDIT UNION.

Write in amount: $ _____ Regular Shares   Effective Date: _____
$_____ Christmas Club

EMPLOYE SIGNATURE: _____ DATE SIGNED ____/_____/___

*If allocating your deduction to multiple accounts complete the following:

Write in amount for both REGULAR SHARES and CHRISTMAS CLUB

Member Name _____ Reg Sh Amt: $_____ Xmas: $_____

Member Name _____ Reg Sh Amt: $_____ Xmas: $_____

Member Name _____ Reg Sh Amt: $_____ Xmas: $_____