

Name: _____

Address: _____

CONSENT TO MEMBERSHIP

I hereby acknowledge and consent to the transfer of (any and all of) my account(s) from the Roosevelt Branch of City National Bank of New Jersey to Bethpage Federal Credit Union and understand that Bethpage Federal Credit Union will fund my initial membership share at no cost to me. I also understand that upon transfer of my accounts, I will become subject to the terms and conditions of membership, which have been provided to me with this consent.

- I agree** with the above statement and wish to transfer my account(s) to Bethpage Federal Credit Union.

Account holder (please print): _____

Signature: _____ Date: _____

Daytime Phone: _____

OR

- I do not** wish to transfer my account(s) to Bethpage Federal Credit Union.

Account holder (please print): _____

Signature: _____ Date: _____

Daytime Phone: _____

Please return this page to your nearest Bethpage branch by November 1, 2014.