

# Membership Application

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## Primary Member

Employee

Advisor

Retiree

Contractor

Family Member

If you are an employee, select the group that you are affiliated with.

If you are a family member, list the family member's name & relationship

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Work Email \_\_\_\_\_  
Birth Date (MM/DD/YY) \_\_\_\_\_ Social Security / Tax Payer ID# \_\_\_\_\_  
Drivers License/ID (State and #) \_\_\_\_\_ Occupation \_\_\_\_\_

Joint

Beneficiary

Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Birth Date (MM/DD/YY) \_\_\_\_\_ SSN/TIN# \_\_\_\_\_  
Drivers License or Other ID (State and #) \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_

Joint

Beneficiary

Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Birth Date (MM/DD/YY) \_\_\_\_\_ SSN/TIN# \_\_\_\_\_  
Drivers License or Other ID (State and #) \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_

## Services Requested

- |  |                      |                                      |
|--|----------------------|--------------------------------------|
| <input type="radio"/> CUOnline Banking | Overdraft Privilege: | <input type="radio"/> Opt-in         |
| <input type="radio"/> Debit/Check Card |                      | <input type="radio"/> Limited opt-in |
| <input type="radio"/> Checks           |                      | <input type="radio"/> Opt-out        |

## Backup Withholding Certifications

**TIN:** \_\_\_\_\_

Under penalties of perjury, I certify that (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number, (2) I am not subject to backup withholdings because:

(a) I am exempt from backup withholdings, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or dividends, or (c) the IRS has not notified me that I am no longer subject to backup withholding, AND (3) I am a U.S. Person (including a U.S. resident alien).

Instructions: Cross out #2 above if the IRS has notified that you are subject to backup withholdings for failure to report all interest and dividends in your tax return.

## Authorization & Signatures

I/We hereby agree to the Credit Union's By-Laws, and Rules and Regulations, and any amendments thereto. If an ATM/Debit card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT Agreement. I/We authorize the Credit Union to verify the information provided and to obtain consumer reports from consumer reporting agencies or others in connection with this account. I/We also agree to the terms and conditions of the Account Agreement and have received a copy of the MMFCU Truth in Savings Agreement including Electronic Funds Transfers, Funds Availability Policy, Privacy Disclosure, and Fee Schedule. The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Primary Member: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Member: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Member: \_\_\_\_\_ Date: \_\_\_\_\_

