

MEMBERSHIP SIGNATURE CARD & ACCOUNT APPLICATION

Revised: _____ MEMBER NUMBER _____

PERSONAL INFORMATION

Member Name _____ Social Security # _____ Birthdate _____

Photo Identification # _____ State of Issuance _____

Home Phone _____ Business Phone _____ Email _____

Address _____

City _____ State _____ Zip + 4 _____

Password _____ Employer _____

Eligibility: _____ in Montgomery County; or
_____ Relationship to Primary/Potential Member: _____

Family Member Name: _____ Family Member Number: _____

_____ Card Exp. Date _____

Joint Owner (1) _____ Social Security # _____ Birthdate _____

Photo Identification # _____ State of Issuance _____

Joint Owner (2) _____ Social Security # _____ Birthdate _____

Photo Identification # _____ State of Issuance _____

I/we would like to open the following account(s) with Mid-Atlantic FCU in the following amounts as indicated below:

_____ Cash Critters Club	\$ _____	\$ _____	
_____ YES Program	\$ _____	\$ _____	member number _____
	\$ _____	\$ _____	account number _____
	\$ _____	\$ _____	to open the requested accounts.
	\$ _____	\$ _____	

ACCOUNT ACCESS

VISA CHECK CARD/ATM CARD (Please select own PIN on separate sheet.)

BENEFICIARIES (optional)

Upon the death of the last surviving party, I/we designate the following beneficiary(ies) share equally unless otherwise indicated:

Name (1) _____ % _____ Birthdate _____ SSN _____

Address _____ City, State, Zip _____

Name (2) _____ % _____ Birthdate _____ SSN _____

Address _____ City, State, Zip _____

W-9 TAXPAYERID CERTIFICATION: Under penalties of perjury, I/we declare that the number shown on this form is my correct Social Security Number and that:

AGREEMENT

By signing below, I/we agree that I/we are within the field of membership and that the information given above is true and correct to the best of my/our knowledge. I/we understand that knowingly and willfully providing false information to the Credit Union is a Federal criminal offence (Title 18 U.S. C. 1001). Further, I/we agree that this account shall be governed by the terms and conditions set forth in the Membership and Account Agreement packet which I/we have read and understand and I/we acknowledge receipt of a copy of. Further, I/we agree to be bound by the by-laws, regulations, policies, and other practices of the Credit Union now in effect or as amended or later adopted regarding this account. I/we authorize Mid-Atlantic FCU to obtain credit and employment information. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature _____ Date _____

Joint Owner (1) Signature _____ Date _____

Joint Owner (2) Signature _____ Date _____

Notary Signature _____ Date _____

FOR OFFICE USE ONLY: REVISED DATE: _____ OPENED BY: _____

DATE OPENED: _____ MEMBERSHIP OFFICER VERIFIED: _____ DATE: _____

CHEX SYSTEMS CONTACTED? _____ CHEX SYSTEMS RESPONSE: _____