



Account Number:

MEMBER ACCOUNT APPLICATION

Application Status:	New	Update	Individual	Joint
Member Name:				
Social Security Number/TIN:			Date of Birth:	
US Citizen	Lawful Permanent Resident	Other:		
Country of Citizenship:				
Driver's License Number:			Expiration Date:	
Phone:			Work Phone:	
Physical Address:				
Mailing Address (if different from physical address):				
E-mail:			Password for Account (Optional):	
Employer Name:				
Employer Address:				
Membership Eligibility:				

JOINT MEMBER
Joint member will co-own with member on all share accounts established under the account number associated with this application as joint tenant with right of survivorship, other than IRAs.

Joint Member Name:

Social Security Number/TIN:			Date of Birth:	
US Citizen	Lawful Permanent Resident	Other:		
Country of Citizenship:				
Driver's License Number:			Expiration Date:	
Phone:			Work Phone:	
Physical Address:				
Mailing Address (if different from physical address):				
E-mail:			Password for Account (Optional):	
Employer Name:				
Employer Address:				
Membership Eligibility:				

Joint Member Name:

Social Security Number/TIN:			Date of Birth:	
US Citizen	Lawful Permanent Resident	Other:		
Country of Citizenship:				
Driver's License Number:			Expiration Date:	
Phone:			Work Phone:	
Physical Address:				
Mailing Address (if different from current address):				
E-mail:			Password for Account (Optional):	
Employer Name:				
Employer Address:				
Membership Eligibility:				

PAYABLE ON DEATH BENEFICIARIES

POD Payee: _____ POD Social Security Number: _____
POD Address: _____

POD Payee: _____ POD Social Security Number: _____
POD Address: _____

TYPES OF ACCOUNTS REQUESTED

The Account Number shall apply to the following sub accounts requested:
Share/Savings _____ Personal Loan *(Separate Application Required)*
Share Draft/Checking _____ Overdraft Line of Credit *(Separate Application Required)*
\$wipe-n-\$ave _____ Visa Credit Card *(Separate Application Required)*
Money Market _____ Auto Loan *(Separate Application Required)*
Share Certificate/Certificate _____ Other: _____

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "Types of Accounts Requested" section is/are held by the custodian(s) named below for:
Name: _____
Address: _____
Phone: _____ Date of Birth: _____
Social Security number/TIN: _____
Pursuant to the Maryland Uniform Transfers to Minors Act, I designate the following Successor Custodian(s) for all accounts listed in the "Types of Accounts Requested" section. This designation shall take effect only upon my death, resignation, incapacity or removal of Custodian named above.
Successor Custodian(s) Name: _____ Date: _____

POWER OF ATTORNEY ACCOUNT

Attorney-in-Fact Name: _____

PERSONAL CUSTODIAN ACCOUNT

Custodian Name: _____

REPRESENTATIVE PAYEE ACCOUNT

Representative Name: _____

TIN CERTIFICATION and BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:
The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued)

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

FOR NYMEO USE ONLY

Date of Membership: _____		Opened By: _____		
Member:	Charge off list	Credit Report	IDs Verified:	
Joint	Charge off list	Credit Report	IDs Verified:	
Joint	Charge off list	Credit Report	IDs Verified:	