



One South Street
 Baltimore, MD 21202
 mecu.com
 410-752-8313 or 1-800-248-6328

ACCOUNT APPLICATION

Owner/Account Information	
Instructions: One application per account unless all accounts are titled in the exact same names and ownership type.	
Account Type and Number:	Date Account(s) Opened:
Account Type and Number:	Account Type and Number:
<input type="checkbox"/> New Account: Type of Account Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> UTMA <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> _____	
<input type="checkbox"/> Account Maintenance: Type: <input type="checkbox"/> Name Add <input type="checkbox"/> Name Change; Marriage/Divorce <input type="checkbox"/> Add/Change POD Payee Change Date: _____	
Primary/Member Name:	Member/CIF #:
Address:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Owner <input type="checkbox"/> UTMA Minor <input type="checkbox"/> _____
City/State/ Zip:	Identification:
Taxpayer ID #:	State: _____ Issue Date: _____ Exp. Date: _____
E-Mail:	Member Occupation:
Membership Eligibility:	Employer:
Home Phone: _____ Work Phone: _____	Cell Phone: _____ Date of Birth: _____
I would like to access this account by: Telephone Teller <input type="checkbox"/> Yes <input type="checkbox"/> No Online Banking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name 2:	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> _____
Address:	Identification:
City/State/ Zip:	State: _____ Issue Date: _____ Exp. Date: _____
Taxpayer ID #: _____ E-Mail: _____	Member Occupation: _____
Membership Eligibility:	Employer:
Home Phone: _____ Work Phone: _____	Cell Phone: _____ Date of Birth: _____
I would like to access this account by: Telephone Teller <input type="checkbox"/> Yes <input type="checkbox"/> No Online Banking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name 3:	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> _____
Address:	Identification:
City/State/ Zip:	State: _____ Issue Date: _____ Exp. Date: _____
Taxpayer ID #: _____ E-Mail: _____	Member Occupation: _____
Membership Eligibility:	Employer:
Home Phone: _____ Work Phone: _____	Cell Phone: _____ Date of Birth: _____
I would like to access this account by: Telephone Teller <input type="checkbox"/> Yes <input type="checkbox"/> No Online Banking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:	
Payable on Death (POD) Designation(s)	
POD Payee 1:	Relationship:
Address:	Taxpayer ID#:
City/State/Zip:	Date of Birth:
POD Payee 2:	Relationship:
Address:	Taxpayer ID#:
City/State/Zip:	Date of Birth:
POD Payee 3:	Relationship:
Address:	Taxpayer ID#:
City/State/Zip:	Date of Birth:
UTMA DESIGNATION OF SUCCESSOR CUSTODIAN	
Pursuant to the Maryland Uniform Transfer to Minors Act, I designate: _____	
_____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.	
X _____	X _____
Signature of Custodian	Date
Date	Witness
Date	Date

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *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 I am 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, and*
- (3) *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).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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Authorization

- | | |
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| <p>1. By signing below you acknowledge receipt of a copy of the Membership Account Agreement, Funds Availability Disclosure, Electronic Fund Disclosure and Truth and Savings Rate and Fee Schedule. By signing below you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected above, which are incorporated herein by reference that when opened by mail will be sent after the account is opened and any amendments the Credit Union makes from time to time which are incorporated herein.</p> | <p>2. You expressly authorize MECU to check, now and in the future, your credit, employment history or other information as well as report to others such information and your credit experience with MECU, as permitted by law.</p> <p>3. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding</i></p> |
|--|--|

✓ _____		✓ _____		✓ _____	
Signature/Member	Date	Signature/Name 2	Date	Signature/Name 3	Date

MECU Employee Opening Account:	Teller #:	Branch:	Date:
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