



# MEMBERSHIP APPLICATION & MASTER ACCOUNT AGREEMENT

Type of Action <b>NEW ACCOUNT</b>	Member Group <b>SYIP</b>	Account Number
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>SSN/ITIN</b>	
<b>Date of Birth (mm/dd/yyyy)</b>	<b>Phone Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile	<b>Work Phone Number</b>	<b>Email Address</b>	
<b>Name of Employer / School</b>	<b>Employee ID # / Student ID#</b>	<b>Occupation</b>	<b>Mother's Maiden Name</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Physical Address (if different from mailing address)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>

I authorize the following shares and services to be opened:

- SAVINGS**
 **CHECKING**
 **ATM CARD**
 **DEBIT CARD**
 **ONLINE BANKING**
- (Checking Account required)

### MEMBERSHIP QUALIFICATION

I hereby make application for membership in Educational Federal Credit Union (Credit Union) and affirm that the information regarding my membership eligibility provided on this form is true and correct. I understand that my membership is contingent upon satisfactory verification of my eligibility in accordance with the Credit Union's Charter, and of my identity in accordance with the USA PATRIOT Act and other applicable laws and regulations. If I am joining the Credit Union as the result of my participation in the Summer Youth Internship Program, I authorize the Credit Union to debit \$5.00 from my first deposit to activate my membership.

I am <input type="checkbox"/> employed by or <input type="checkbox"/> retired from:  <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> UTD <input type="checkbox"/> Other	I am a student of:  <input checked="" type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> Other	I am a member of the PTA/PTSA:  _____ Unit Name	I am the immediate family member of, or share a household with, the following individual within the Credit Union's field of membership:  <b>Sponsor's Name:</b> _____ <b>Relationship to Sponsor:</b> _____ <b>Sponsor's Eligibility:</b> _____
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### ACCOUNT AGREEMENT

By my signature below, I authorize the Credit Union to establish a master member account for me with any types of savings and checking shares, including Prime Share, Special Savings share(s), Money Market Savings share(s), and Share Draft(s) which I may request from time to time verbally or in writing. I understand and agree that my member account is nonassignable and nontransferable to third parties. I authorize the Credit Union to perform a credit check or obtain a credit report at any time. I agree to conform to the Credit Union's bylaws, and to subscribe to at least one share. I understand and agree that I and all of my share(s) and account(s) with the Credit Union are subject to the separate Account Terms & Disclosures, Service Fee Schedule, and Electronic Funds Transfer Disclosure, and any future amendments thereof, all of which are fully incorporated by reference herein.

**CERTIFICATION:** 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 to me), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of 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. person (including a U.S. resident alien). **INSTRUCTIONS:** If you have been notified by the IRS that you are subject to backup withholding you must cross out item (2). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<b>Signature</b>	<b>Date Signed</b>
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**Important Information About Procedures for Opening a New Account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**FOR CREDIT UNION USE ONLY**

Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____			
Issuing State/Country	Identification Number	ID Issue Date (mm/dd/yyyy)	ID Expiration Date (mm/dd/yyyy)
Proof of Address (If different from address listed on Identification)	Date	Initial Deposit Amount \$ _____	

**IDs VERIFIED BY:**

**OFAC COMPLETED BY:**

Name	Teller #	Name	Teller #
Event Name	Branch #	Audited By	Notes