

Non-Transferable Membership Application & Signature Card

1) Account Type

I wish to open the following accounts and/or enroll in the following services:

- Share Savings** **Money Market**
 Share Draft (Checking) **Maxi Money Market**
 ATM/Debit Card **Other:** _____
 Christmas Club **Other:** _____

2) Primary Owner's Information

Name _____

Date of Birth ____/____/____ Sex: Female Male

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

Cell Phone Number (_____) _____

Email Address _____

Mother's Maiden Name _____

How are you eligible for membership?

A) Employee of _____

B) I live work worship attend school
within a 10-mile radius of MMCU

C) I am related to _____
(name of current member)

He/she is my _____
(relationship to you)

Employer _____

Division/Department _____

Employer Location (City, State) _____

How did you hear about us?

- Family/Friend Employer Website
 Special Event Drive-by Mailing
 Other: _____

For credit union use only

Account Number: _____

3) Account Password

Choose an account password that you will need to give us when you call the credit union for phone transactions. Examples include: pet's name, child's name, maiden name.

Account Password: _____

Password Hint: _____

4) MARTIN PIN Number

Please choose a PIN number in the spaces below to access our MARTIN audio response and online banking services.

Select a 4-Digit PIN Number: _____

5) Joint Owner's Information

Please identify each joint owner

1. Name _____

Date of Birth ____/____/____ Sex: Female Male

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

Cell Phone Number (_____) _____

Relationship to Owner _____

Employer _____

2. Name _____

Date of Birth ____/____/____ Sex: Female Male

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

Cell Phone Number (_____) _____

Relationship to Owner _____

Employer _____

continued on reverse side

Initials/Teller #: _____ Date: _____

REMEMBER: We need to have copies of two (2) forms of ID: a driver's license and, preferably, a Social Security card.

Membership Application continued

Authorization

By signing below I/we certify that the information on the Account Card (front and back) is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- 1) The Social Security number shown on this form is my correct taxpayer identification number,
- 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. person (including a U.S. resident alien).

Certification instructions: Cross out 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. citizen.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

Account Ownership and Survivorship Section

- I request: All of the Account(s) be established as Individual Ownership Account(s)
- To have the Joint Owner(s) on all accounts with full rights of survivorship
- To have the Joint Owner(s) on all of the accounts without full rights of survivorship

Beneficiary(ies) Payable on Death (P.O.D.)

You should complete this section if you wish to have a beneficiary(ies) without a joint owner, or if you want to have a beneficiary(ies) upon the death of both (all) the owner and joint owner(s).

1. Name _____

Date of Birth _____ / _____ / _____ Sex: Female Male

Social Security Number _____ - _____ - _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

Relationship to Owner _____

1. Name _____

Date of Birth _____ / _____ / _____ Sex: Female Male

Social Security Number _____ - _____ - _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

Relationship to Owner _____

Start the credit union membership process by returning this signed application to either of our branch offices, or by mailing to the address listed below.

Please include with your application:

- ✓ **Copy of valid, government-issued driver's license**— we MUST be able to see your picture clearly in the copy
- ✓ **Copy of your Social Security card** (or photo ID badge for hospital workers)
- ✓ **Minimum of \$25 opening deposit.** (Check or money order made payable to *Metro Medical Credit Union*)

Mail all items to:
Metro Medical Credit Union
Attn: New Accounts
8200 Brookriver Dr, Ste N110
Dallas, TX 75247

For assistance, please call
214-630-0611
www.mmcu.com