

MEMBERSHIP APPLICATION

(706) Deposit ___ Employ ___ ID ___ CCU Initial ___ Date ___

Central Credit Union of Maryland
8501 LaSalle Road, Baltimore, MD 21286
Email: info@ccumd.org



Phone: 410-828-4500
Fax: 410-337-4905
www.ccumd.org

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 you 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.

NEW MEMBER IDENTITY INFORMATION

New Application **Change to Previous Application** Date _____

Name _____ Soc. Sec. # _____

Address _____ Date of Birth _____

_____ Home Phone _____

City _____ St. _____ Zip _____ Work Phone _____

Joining Through:

Employer _____ Employer Phone _____

Family Member _____ Family Member Acct. # _____

Accounts To Be Opened:

- Share Savings** (\$10 required for membership)
- ATM Card (if only opening savings)
- Checking* VISA Check Card (with checking)
- Money Market**
- Holiday Club Vacation Club
- Internet Banking Email : _____

PLEASE REVIEW THE CHECKLIST ON THE REVERSE SIDE BEFORE SENDING

Payroll Distribution:

- ShareSavings \$ _____
- Checking \$ _____
- Money Market \$ _____
- Holiday Club \$ _____
- Vacation Club \$ _____
- Other \$ _____
- TOTAL** deducted per pay: \$ _____

PLEASE NOTE *\$25 initial deposit to checking or direct deposit required. **\$2500 minimum deposit to Money Market to earn dividends. 1. All new checking accounts are verified through ChexSystems. 2. Please inquire about check prices. 3. Share Savings Acct. with less than \$100 average monthly balance is subject to a monthly fee. FEE WAIVED if you have a Checking Account, Money Market, CD, IRA, or Loan.

PAYROLL DEDUCTION AUTHORIZATION

ROUTING # 252075870	Central Credit Union of Maryland • 8501 LaSalle Road • Baltimore, MD 21286 Phone: 410-828-4500 • Fax: 410-337-4905 • Email: info@ccumd.org • www.ccumd.org	ACCOUNT #
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Name _____ Soc. Sec. # _____

Employer _____

- For New Members:** Please **BEGIN** payroll deductions to my account(s) at Central Credit Union.
TOTAL to be deducted from pay: \$ _____
- For Existing Members:** Please **CHANGE** payroll deductions to my account(s) at Central Credit Union.
FROM \$ _____ TO \$ _____ **(include all current and new deductions)**

MUST SIGN HERE

→ **X** _____ Date _____

Member Signature

JOINT OWNER INFORMATION (if applicable)

Name _____ Date of Birth _____
Address _____ Driver's License # _____
City/State/Zip _____ Phone # _____
Social Security # _____ Email _____

Choose accounts: Checking Money Market Vacation Club Share Savings Holiday Club

PAYABLE UPON DEATH PAYEE(S)

Name (1) _____ Name (2) _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Social Security # _____ Social Security # _____

ONSITE IDENTITY VERIFICATION (FOR OFFICE USE ONLY)

Type of Photo ID _____ ID# _____
Place/Date of Issuance _____ Expiration Date _____
Verified By _____ Date _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Account Agreements & Disclosures, 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 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. CCUMD is authorized to check my/our account, credit, identity, and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and any update, renewal or extension of credit or services. **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 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. person.

**MUST
SIGN
HERE**

X

Member Signature _____ (Seal) Date _____

Joint Account Owner Signature _____ (Seal) Date _____

Please review this Checklist BEFORE returning your application.

- You have **signed** the BACK of the application (above).
- You have included at least a **\$10 initial** deposit to open the Share Savings Account.
- You have included a clear **copy of a valid photo ID**. Can be any of the following:
— driver's license, military ID, passport, state issued ID card —
- You have filled in your **Social Security Number**.
- You have included both a **home & work phone number**.
- You have filled in your **employer's/family member's name**.
- You have indicated **which account(s)** you want to open.
- If you want payroll deduction: you have **signed the bottom of the payroll deduction section** & marked the amount you want deducted each pay.