

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.