

# MEMBERSHIP APPLICATION



8501 LaSalle Road, Baltimore, MD 21286  
 Phone: 410-828-4500 • Fax: 410-337-4905  
 Email: memberservice@ccumd.org  
 Web: www.ccumd.org

**IMPORTANT INFORMATION:** 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.

## OFFICE USE ONLY--

Acct. # \_\_\_\_\_  
 Onsite Deposit \_\_\_\_\_  
 Onsite Initials \_\_\_\_\_  
**ACCOUNT OPENING--**  
 Deposit \_\_\_\_\_ Emp \_\_\_\_\_  
 ID \_\_\_\_\_ CCU Initials \_\_\_\_\_  
 Date Opened/Denied \_\_\_\_\_  
 CR# \_\_\_\_\_

**New Account**     **Change to Current Account**

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Joining through:**

**Email** \_\_\_\_\_

Employer\* \_\_\_\_\_

Family (name) \_\_\_\_\_ (acct. #) \_\_\_\_\_

**Accounts to be opened or changed:**

Share Savings (\$10 deposit required to become a member)

With an ATM Card if not applying for checking

CENTRALchecking\*\*     With FREE Debit Card

Money Market     Holiday Club     Vacation Club

Internet Banking     eStatements†     Insurance Account

**Please contact me about:**     Auto Loans     Credit Cards

Mortgages     Home Equities     Personal Loans

**Payroll Distribution:**

Share Savings    \$ \_\_\_\_\_

Checking    \$ \_\_\_\_\_

Money Market    \$ \_\_\_\_\_

Holiday Club    \$ \_\_\_\_\_

Vacation Club    \$ \_\_\_\_\_

Insurance Account    \$ \_\_\_\_\_

**Total Deducted Per Pay**    \$ \_\_\_\_\_

**PLEASE READ:** \*Include a copy of a recent paystub for employment verification. \*\*\$25 initial deposit to checking OR direct deposit required. All checking accounts verified via ChexSystems. Members who do not qualify for CENTRALchecking are offered Renew Checking. †eStatements are FREE! If eStatements are NOT chosen, a fee will be assessed for each mailed paper statement. Must provide valid email address and sign up for Internet Banking to utilize eStatements. 1. Share Savings with less than \$100 average daily balance will incur a monthly fee. FEE WAIVED with a CCUMD Checking Account, Money Market, CD or Loan. 2. Accounts closed within 6 months subject to an early closure fee. 3. By signing this application, you agree to the current terms and conditions of the Account Agreements and Disclosures and any future changes therein.

Please be sure to complete the paperwork your employer requires to start direct deposit. You will need to provide them with your CCUMD account number and our routing number. Your account number will be mailed to you within several days of account opening. **Routing Number: 252075870**

**JOINT OWNER INFORMATION**

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_  
Social Security # \_\_\_\_\_  Savings  Checking  Money Market  Vacation Club  Holiday Club

**PAYABLE ON DEATH PAYEE(S)**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_  
 Savings  Checking  Money Market  Vacation Club  Holiday Club  Savings  Checking  Money Market  Vacation Club  Holiday Club

**ONSITE IDENTITY VERIFICATION (OFFICE USE ONLY)**

Type of ID \_\_\_\_\_ ID # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Place/Date of Issuance \_\_\_\_\_  
Verified by \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION & TIN Certification and Backup Withholding Information**

By signing below, I/we agree to the terms and conditions of the Account Agreements and Disclosures, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated therein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein. 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.**

**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**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please review this checklist BEFORE returning your application. You have:**

- Signed the back of the application (above)
- Filled in your **Social Security Number**
- Included at least a **\$10 initial deposit** to open a Share Savings
- Included **home, work and cell numbers**
- Completed the **Employer's/Family Member's Name**
- Indicated **which account(s)** to be opened
- Included a clear copy of your **valid photo ID** (Driver's license, military ID, passport, state issued ID card)
- Included a clear copy of a **current paystub** for employment verification/membership eligibility
- Checked the boxes for **CENTRALnet Internet Banking AND eStatements** to avoid the paper statement fee

**Routing #: 252075870**

Complete application & return to:

**Central Credit Union of MD  
8501 LaSalle Road  
Baltimore, MD 21286**