



Maryland Postal FCU Membership Application

To be completed by the Applicant. Please print clearly.

NAME (First, Middle, Last): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____ EXT# _____

CELL PHONE _____ - _____ - _____ EMAIL _____

PLACE OF BIRTH: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ - _____ - _____

DRIVERS LICENSE # _____ STATE _____

EMPLOYER _____ DEPT/OCCUPATION _____

ELIGIBILITY _____

HUSBAND'S FIRST OR WIFE'S MAIDEN NAME: _____

MOTHER'S MAIDEN NAME: _____

Please complete the application with your signature on this card. By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Maryland Postal Federal Credit Union. I also agree to the terms and conditions of any accounts that I have in the Maryland Postal Federal Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time.

The applicant must provide a copy of their valid driver's license, USPS ID, and a \$25.00 opening deposit.

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## Credit Union Use ONLY

This Application was (check one)  APPROVED  DECLINED by  Board  Membership Officer

Person representing approval of the Application

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ Other Account Numbers: \_\_\_\_\_

# MARYLAND POSTAL FEDERAL CREDIT UNION

## MEMBERSHIP APPLICATION

16501 Shady Grove Rd., Gaithersburg, MD 20898-9202

TELEPHONE: 301-519-9780 / FAX: 301-519-9843

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### Certification of Taxpayer Identification/ Social Security Number and Backup Withholdings

INSTRUCTION TO SIGNER: If the Internal Revenue Service (IRS) has advised you that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.

Under penalties of perjury, I certify

- (1) That the number shown on this form is my correct taxpayer identification number or Social Security Number and
- (2) That I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### Non-Transferable Joint Share Account Agreement

Maryland Postal Federal Credit Union is hereby authorized to recognize any of the subscribed below in the payments of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners might pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit, which shall not affect transactions theretofore made. ***Joint applicants must provide a copy of their valid driver's license.***

JOINT OWNER'S NAME (First, Middle, Last): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DRIVER'S LIC # \_\_\_\_\_

PHONE #'S (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (CELL) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EMPLOYER \_\_\_\_\_

\_\_\_\_\_  
*Signature of Joint Owner*

\_\_\_\_\_  
*Date*