



MEMBERSHIP APPLICATION

Member Number _____

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify and record information that identifies each person opening or having access to an MVFCU account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), telephone number, and date of birth. REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both, you need only submit that one: US Driver's License, Passport, Military ID, US Work Visa, or other Government Issued picture ID (2nd ID will be required). MVFCU reserves the right to request additional identification at any time.

Check all that apply: ___ New/Update ___ Add Joint Owner(s) ___ Sub Share ___
Account Type: ___ Main Share ___ Share Draft Checking ___ Share Certificate ___

Primary Member Information:
Last Name First Name MI Social Security # Date of Birth
Street Address (no P.O. Boxes) City State Zip Mother's Maiden Name
Mailing Address (if different) City State Zip
Home Phone Work Phone Mobile Phone Employer Occupation
Email Address Type of ID/State Identification # Expiration Date

Joint Owner #1 Information: Joint on Share Draft Y ___ N ___
Last Name First Name MI Social Security # Date of Birth
Street Address (no P.O. Boxes) City State Zip Mother's Maiden Name
Home Phone Work Phone Mobile Phone Employer Occupation
Email Address Type of ID/State Identification # Expiration Date

Joint Owner #2 Information: Joint on Share Draft Y ___ N ___
Last Name First Name MI Social Security # Date of Birth
Street Address (no P.O. Boxes) City State Zip Mother's Maiden Name
Home Phone Work Phone Mobile Phone Employer Occupation
Email Address Type of ID/State Identification # Expiration Date

Joint Owner #3 Information: Joint on Share Draft Y ___ N ___
Last Name First Name MI Social Security # Date of Birth
Street Address (no P.O. Boxes) City State Zip Mother's Maiden Name
Home Phone Work Phone Mobile Phone Employer Occupation
Email Address Type of ID/State Identification # Expiration Date

CERTIFICATION: Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, and (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) The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

Primary Member's Signature and Date _____

<u>Share Draft Options Available</u>	<u>Share Draft ID</u> _____
I/we elect Share Overdraft Protection	Yes _____ No _____
I/we choose overdraft protection in the sequence I/we set below:	
Main Share _____ Premium Share _____ All Purpose _____ Other _____	
Additional Products/Services:	
_____ MV Online	_____ E-Statements _____ MERV _____ Debit Card _____ ATM Card

MEMBERSHIP ELIGIBILITY (required)

_____ I live, work worship, volunteer or attend school in one of the municipalities listed below.

Please list full name and address of organization _____

 Name of organization

 City, State, Zip

_____ I have an immediate family member or household member living in one of the municipalities below. Immediate family member is defined as a spouse, child, sibling, parent, grandparent, grandchild, step-children, step-parent, step-siblings and adopted children. Household member is defined as any person who lives as a permanent member in the same residence AND who participates in the maintenance of the household as a single economic unit.

Please list full name, member # (if applicable) and address of relative

Name (last, first, mi)	Relationship	Member # (if applicable)
Address	City, State, Zip	

Massachusetts Municipalities: Andover, Amesbury, Boxford, Dracut, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Merrimac, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, Tewksbury, West Newbury.

New Hampshire Municipalities: Atkinson, Brentwood, Chester, Danville, Derry, East Kingston, Exeter, Fremont, Hampstead, Hampton Falls, Hampton, Kensington, Kingston, Londonderry, Newton, Plaistow, Salem, Sandown, Seabrook, South Hampton, Windham.

I hereby make application for membership in the Merrimack Valley Federal Credit Union and agree to the Rules, Regulations and Bylaws of the Credit Union, those now in force and any which may hereafter be adopted. I/we agree to the terms and conditions as set forth in the Membership Account Agreement and understand that they may change at any time. I also certify that I am eligible to join Merrimack Valley Federal Credit Union and have completed the Membership Eligibility section above.

Main Member Signature	Date
Joint Owner #1 Signature	Date
Joint Owner #2 Signature	Date
Joint Owner #3 Signature	Date

Credit Union use only

Account opened by	Teller #	Date	Membership Officer Approval	Date
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