



New Member Account Application

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Member Number _____	Joint Owner #1 Name _____
Primary Member Name _____	SSN/TIN _____ Birthdate _____
SSN/TIN _____ Birthdate _____	Address _____ (No P.O. Boxes)
Address _____ (No P.O. Boxes)	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Phone #: Home () _____ Work () _____
Phone #: Home () _____ Work () _____	E-mail Address _____
E-mail Address _____	Employer _____ Emp. # _____
Employer _____ Emp. # _____	Address _____
Address _____	

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I hereby apply for membership with MerrimackValley Federal Credit Union and certify that I am eligible because:

- I live, work, worship or attend school within the specified Field of Membership Guidelines.
- Live Work Worship Attend School City/Town _____
- I live with or am related to: _____ | _____ | _____
Name of MVFCU Sponsor/Member Member Number Relationship

ACCOUNT OWNERSHIP WILL BE HELD AS FOLLOWS: (Check Applicable Box)

INDIVIDUAL JOINT OWNER (With right of Survivorship) MINOR ACCOUNT (Parent/Guardian Required) TRUST ACCOUNT

CHECK FOR ADDITIONAL CREDIT UNION SERVICES

MV Online Banking MV BillPay Audio Response (MERV)

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TERMS AND CONDITIONS OF ACCOUNT

By signing where indicated, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy disclosure, if applicable, and to any amendments 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.

In accordance with Section 326 of the USA Patriot Act, you authorize us to verify and record information that identifies each person who opens an account. You further authorize us to check your account, credit, and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for any account or services you request. I/We therefore subscribe for at least one share and, under penalties of perjury, I/We certify that the information on this Application is true, correct, and complete.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of the failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am a U.S. Person (including a U. S. Resident Alien) I am subject to backup withholding
 Exempt I am not a United States citizen or resident (complete a W-8 Form)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

My signature below indicates my acceptance and verification of both the TERMS OF ACCOUNT and the CERTIFICATION OF BACKUP WITHHOLDING paragraphs.

X _____
Signature Date

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ADDITIONAL DISCLOSURES JOINT SHARE ACCOUNT AGREEMENT - NOT TRANSFERABLE (If Applicable)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on this card in the payment of funds or the transaction of any business for this account. The joint owners agree with each other and with said credit union that all sums now paid in on shares, or heretofore or thereafter paid in on shares by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said 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 and all of said joint owners may 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 of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

Also eligible for membership are "Members of their immediate families or Household Members". Immediate family member is defined as a Spouse, Child, Sibling, Parent, Grandparent, or Grandchild. Stepchildren, Stepparents, and Stepsiblings are included in this definition. Household members are persons living in the same residence and who maintain a single economic unit. This is further defined as any person who is a permanent member of and participates in the maintenance of the household. Also included are spouses of persons who died while within the field of membership of this credit union and persons retired as pensioners of annuitants from the above employment. Also eligible are volunteers of corporate sponsor groups.

CREDIT UNION USE ONLY

Account Type	Account Number	Date Opened

Verification # _____ NCPS
Identity Verified By _____ Date _____
Approved By _____ Date _____
Membership Officer _____ Date _____
Member Status Online Mail In Office

Share Draft Account Application

Date _____

Account Number _____ Eligibility _____
Social Security Number or Tax I.D. Number _____
Name _____
Address _____ City, State, ZIP _____
Home Phone _____ Work Phone _____
Date of Birth _____ Mother's Maiden Name _____
Employer _____ Email Address _____

TERMS AND CONDITIONS OF ACCOUNT

By signing where indicated, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy disclosure, if applicable, and to any amendments 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.

In accordance with Section 326 of the USA Patriot Act, you authorize us to verify and record information that identifies each person who opens an account. You further authorize us to check your account, credit, and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for any account or services you request. I/We therefore subscribe for at least one share and, under penalties of perjury, I/We certify that the information on this Application is true, correct, and complete.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of the failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am a U.S. Person (including a U.S. Resident Alien) I am subject to backup withholding
 Exempt I am not a United States citizen or resident (complete a W-8 Form)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

My signature below indicates my acceptance and verification of both the TERMS OF ACCOUNT and the CERTIFICATION OF BACKUP WITHHOLDING paragraphs.

Signature _____ Date _____

Check One: Primary Member Parent/Guardian

Please sign me up for the following: MV Online Banking MV BillPay Audio Response (MERY)

This Box For Credit Union Use Only

1. Identity Verification (Unexpired Government Issued Picture I.D.) Type: _____ Expiration Date: _____ Number: _____
2. Account Verification: _____ Teller I.D. Number: _____

Joint Owner PLEASE PRINT

Joint Owner Name _____ Social Security Number or Tax I.D. Number _____
Address _____ City, State, ZIP _____
Home Phone _____ Work Phone _____
Date of Birth _____ Mother's Maiden Name _____
Employer _____ Email Address _____

Signature _____ Date _____

This Box For Credit Union Use Only

1. Identity Verification (Unexpired Government Issued Picture I.D.) Type: _____ Expiration Date: _____ Number: _____
2. Account Verification: _____ Teller I.D. Number: _____

Share Overdraft Options Available

I (we) elect Share Overdraft Protection: Yes No

I (we) have applied for an Overdraft Line of Credit Yes No

I (we) choose overdraft coverage in the sequence I (we) have numbered below:

Main Share _____ Share savings _____ Premium Share _____ Line of Credit _____

My/Our signature(s) provide for My/Our Authorization for Overdraft Transfer from Shares where that option has been selected.

Signature _____ Joint Member _____

Close Your Other Accounts

Please send this to the financial institution that has your current checking account.

I am closing my Checking Account with you and moving it to Merrimack Valley Federal Credit Union.

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Telephone # _____

E-mail _____

Please close this account:

Financial Institution _____

Checking Account # _____

Please mail the balance in my checking account to my home address above.

Please send the balance in my checking account to be deposited at Merrimack Valley Federal Credit Union (see address below):

MVFCU Routing # 2 1 1 3 8 4 9 2 6

MVFCU Account # _____

**Merrimack Valley FCU
PO Box 909
North Andover, MA 01845**

I authorize the closing of this account.

Signature X _____ Date _____
(Primary Account Holder)

Signature X _____ Date _____
(Secondary Account Holder)



Redirect Your Direct Deposit

Please send this to your present employer.

I need to redirect my direct deposit to Merrimack Valley Federal Credit Union.

Please discontinue my direct deposit to _____ Account # _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Telephone # _____

Employer _____

Please change my paycheck direct deposit to:

Merrimack Valley FCU
1475 Osgood Street
North Andover, MA 01845

Target Account

Checking: Net Paycheck Fixed Amount \$ _____ Account # _____

Savings: Net Paycheck Fixed Amount \$ _____ **MVFCU Routing # 2 1 1 3 8 4 9 2 6**

If you do not know your account number, please contact a Member Service Representative at **(800) 356-0067** for this information.

Payroll Period

Weekly BiWeekly Monthly

Signature X _____ Date _____



Important Credit Union Information

Main phone number:	800-356-0067
“MERV” - 24-Hour Automated Telephone Account Access:	800-392-3416
Loans by Phone:	800-356-0067
VISA®:	800-843-5463
Automated Rate Line:	800-356-0067 option 8 from menu
FAX - Main Office:	978-682-1623
FAX - Call Center:	978-682-1523
FAX - Central Plaza:	978-521-4389
FAX - Methuen Office:	978-685-4629
FAX - North Andover MALL	978-685-2584
FAX - Consumer Lending:	978-681-6292
FAX - Mortgage Department:	978-681-6366
ROUTING NUMBER:	211384926

North Andover Mall
350 Winthrop Ave
North Andover, MA 01845

Main Office
1475 Osgood St.
North Andover, MA 01845

Village Mall
436 Broadway
Methuen, MA 01844

Central Plaza
2 Water Street
Haverhill, MA 01830

www.merrimack-valley-fcu.org

