



Masters, Mates & Pilots Federal Credit Union

700 Maritime Boulevard, Suite B, Linthicum Heights, MD 21090
1-800-382-7777 410-850-8700 Ext. 43 Fax: 410-859-1623
mmpfcu@bridgedeck.org www.creditunion.bridgedeck.org



ACCOUNT CARD

Date of Application: _____

Account #: _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Account Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

- Share (Savings) Share Certificate (Certificate of Deposit) Other _____
 Share Draft (Checking) Money Market

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, 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 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 subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)

OWNERSHIP INFORMATION

Name: _____ SSN/TIN: _____ Date of Birth: _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____ Country: _____

Employer: _____

Driver's License #: _____ Account Password: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

JOINT OWNERSHIP INFORMATION

Designate the ownership of the accounts and responsibility for the services requested.

- Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Signature _____ Date _____ Signature _____ Date _____

Name: _____ SSN/TIN: _____ Date of Birth: _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____ Country: _____

Driver's License #: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address, such as a utility bill or lease agreement, for owners and joint owners age 18 and older.

ACCOUNT OPTIONS

- Payroll Deduction/Direct Deposit Overdraft Protection (Indicate transfer priority): _____
 ATM Card _____
 Debit Card Other: _____
 PC Access/Internet Banking
 Free Checks – Your first box of checks is free with direct deposit.

Please indicate additional information to be printed on checks:

- Name Owner Only Owner & Joint Owner
 Address
 Phone Number Home Other _____

Note: Printed checks will be mailed to the account owner's address.

ACCOUNT DESIGNATIONS

- Payable on Death (POD) Account All accounts Designate specific account
 Share (Savings) Share Draft (Checking) Beneficiary: _____
Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____ Country: _____
 Share (Savings) Share Draft (Checking) Beneficiary: _____
Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____ Country: _____

CUSTODIAL DESIGNATION AND INFORMATION

Under the Maryland Uniform Transfers to Minors Act, the account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for:

Minor: _____ SSN/TIN: _____ Date of Birth: _____
Custodian: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I/we hereby designate a successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my/our death, resignation, incapacity or removal.

Custodian: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____

INITIAL DEPOSIT/FUNDING

A minimum \$20.00 is required to open a MMPFCU account. If paying by check or money order, please make payable to MMPFCU.

Deposit to: Savings \$ _____ and/or Checking \$ _____

FOR CREDIT UNION USE ONLY

- Date of Membership: _____ Opened by/Approved by: _____
 See Account Change Card Check Verify PIN Request
 Credit Report ID Verification PC Access/Internet Banking