

## CEDAR POINT FEDERAL CREDIT UNION • Membership Application

### MEMBERSHIP/ACCOUNT AGREEMENT

You hereby apply for membership in the credit union and agree to conform to the bylaws and any amendments of the credit union, the terms and conditions of the share account and to pay the minimum deposit amount. You also agree to pay any charges or fees which may be required or assessed under such bylaws. Any account opened in more than one name shall be a joint account. If you have established a joint account, both owners agree to the terms and conditions of the share account.

### PRIMARY ACCOUNT OWNER

First Name/Initial \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License/State \_\_\_\_\_  
 Employer: \_\_\_\_\_ Social Security Number or Tax ID Number: \_\_\_\_\_

### ELIGIBILITY FOR MEMBERSHIP:

You are eligible for membership if you live, work (or regularly conduct business), worship, or attend school in, or are a businesses or other legal entity located in Calvert, Charles, or St. Mary's Counties, Maryland

Resident\*     Employer\*     Worship\*     School\*     Business\*     Relative\*\*

\*Name/Location \_\_\_\_\_ \*\*Name \_\_\_\_\_

\*\*If a member of your immediate family (mother, father, sister, brother, or grandparents) is eligible for membership you are also eligible.

### SIGNATURE - required only if requesting joint account. Sign on one line only for this information.

Joint acct. with survivorship \_\_\_\_\_ Joint acct. without survivorship \_\_\_\_\_

### JOINT ACCOUNT OWNER 1

First Name/Initial \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License/State \_\_\_\_\_  
 Employer: \_\_\_\_\_ Social Security Number or Tax ID Number: \_\_\_\_\_

### JOINT ACCOUNT OWNER 2

First Name/Initial \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License/State \_\_\_\_\_  
 Employer: \_\_\_\_\_ Social Security Number or Tax ID Number: \_\_\_\_\_

### ADDITIONAL SERVICES - Check all that apply

I am interested in applying for these services:

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Share Account (You MUST apply for this service)   | <input type="checkbox"/> Share Draft/Checking Account (Please attach Overdraft Fee opt-in/opt-out form) |
| <input type="checkbox"/> ATM/Debit Card (Please attach Access Application)       | <input type="checkbox"/> MasterCard (Please attach MasterCard Application and current pay stub)         |
| <input type="checkbox"/> Share Certificate <input type="checkbox"/> Money Market | <input type="checkbox"/> Christmas Club   |

### PAYABLE ON DEATH/TRUST ACCOUNT

All accounts     Designated accounts

Beneficiary #1 \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Beneficiary #2 \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_

### Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently sUb-ect 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- BEN if you are not a U.S. person..

### 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 w hich 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\* (Primary) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature\* (Joint owner #1) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature\* (Joint owner #2) \_\_\_\_\_ Date \_\_\_\_\_

**\*This document must be signed in the presence of an employee of the credit union or a notary and must be accompanied by a deposit of at least \$25.00 and a photocopy of a current state issued photo ID.**

For Credit Union Use Only

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Verification \_\_\_\_\_