



2440 E Rand Rd
 Arlington Heights, IL 60004
 847.670.0456 Fax 847.670.0401
 www.mcu.org

ACCOUNT APPLICATION

ACCOUNT OWNERSHIP:

- Individual
- Joint Account with Survivorship
(On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)

SELECT ACCOUNT TYPE(S):

- Regular Share
- Checking
- VIP Money Market
- Club Account
- Share Certificate

MEMBER NO. _____ SUFFIX _____ DATE _____ ID _____ NEW UPDATE

UPDATE REASON: _____

MEMBER/OWNER INFORMATION

Name _____ SSN/TIN _____
 Address _____ Date of Birth _____
 City/State/Zip _____
 Drivers License # _____ Home Phone _____
 Email Address _____ Cell Phone _____
 Occupation _____ Work Phone _____
 Employer _____ Mother's Maiden Name _____

1) JOINT OWNER

Name _____ SSN/TIN _____
 Address _____ Date of Birth _____
 City/State/Zip _____
 Drivers License # _____ Home Phone _____
 Email Address _____ Cell Phone _____
 Occupation _____ Work Phone _____
 Employer _____ Mother's Maiden Name _____

2) JOINT OWNER

Name _____ SSN/TIN _____
 Address _____ Date of Birth _____
 City/State/Zip _____
 Drivers License # _____ Home Phone _____
 Email Address _____ Cell Phone _____
 Occupation _____ Work Phone _____
 Employer _____ Mother's Maiden Name _____

ACCOUNT BENEFICIARY ALL ACCOUNTS (excluding IRA Accounts)

Beneficiary Name _____	Beneficiary Name _____
SSN/TIN _____	SSN/TIN _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Percentage _____	Percentage _____

SELECT ACCOUNT(S) TO OPEN/UPDATE

CLUB ACCOUNTS

- VACATION CLUB ACCOUNT** Two (2) withdrawals per calendar year
- CHRISTMAS CLUB ACCOUNT** Balance available November 1st each year

Please select one of the following options:

- Check mailed
- Balance transferred to METRO Checking

CHECKING ACCOUNT / VIP MONEY MARKET

SELECT ACCOUNT TYPE	DEBIT CARD	CHECK ORDER
<input type="checkbox"/> REGULAR \$250 Minimum Balance	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Owner(s)*	Name _____
<input type="checkbox"/> PREMIER Direct Deposit Required**	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Owner(s)*	Address _____
<input type="checkbox"/> STUDENT No minimum balance	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Owner(s)*	City/State/Zip _____
<input type="checkbox"/> VIP MONEY MARKET ⁽¹⁾ \$500 minimum per check		Other _____

⁽¹⁾ *Debit Card Not Available on VIP Money Market Account*

***JOINT owner must be on the savings account for Debit Card**
****Direct Deposit of at least 50% of paycheck is required for Premier Checking**

NOTE: All Checking Accounts automatically overdraft from your Primary Savings Account

Use Name(s) & Address From Application

Mail Check Order to METRO FCU Office

CHECK STYLE: _____ STARTING # _____

MICR: _____

CERTIFICATES OF DEPOSIT

REGULAR CERTIFICATE	PAYROLL CERTIFICATE	Initial Deposit
<input type="checkbox"/> 6 Months	N/A	\$ _____
<input type="checkbox"/> 12 Months	<input type="checkbox"/> 12 Months	Dividend Payment Method <input type="checkbox"/> Credit dividends to this Certificate <input type="checkbox"/> Credit dividends to* Account # _____ SFX _____
<input type="checkbox"/> 18 Months	N/A	
<input type="checkbox"/> 24 Months	<input type="checkbox"/> 24 Months	
<input type="checkbox"/> 36 Months	<input type="checkbox"/> 36 Months	
<i>Minimum Deposit \$2,500</i>	<i>Minimum Deposit \$0.01</i>	

* Account Beneficiary information listed under ACCOUNT BENEFICIARY on the first page.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To protect your identity and help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.
What this means for you: When you open an account, we will ask for information that will allow us to identify you. We will also ask for other identifying documents for your file, such as your driver's license.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, under penalties of perjury, that:

1. The Social Security Number (SSN)/Tax Identification number (TIN) shown on this form is my correct identification number;
2. I am NOT, unless designated below (by placing an "x" in the box), 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 the IRS has notified me that I am no longer subject to backup withholding;
 I AM SUBJECT TO BACKUP WITHHOLDING (CHECK ONLY IF APPLICABLE)
3. I am a U.S. Citizen or other U.S. person (including a U.S. resident alien); *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).*
4. I am exempt from FATCA reporting.

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

Certification Instructions: Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. Person. If a W-8 BEN is completed, your signature does not serve to certify this section

AUTHORIZATION

By signing below, I/we hereby make application for membership and agree to conform to the bylaws and any amendments thereof in the **METRO Federal Credit Union**. I/we also agree to the terms and conditions of the Membership Account Disclosure, Truth-in-Savings Disclosure and Fee Schedule, Privacy Disclosure, Funds Availability Policy Disclosure, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Membership Account Card(s), and are subject to the terms and conditions of the applicable disclosures noted above. You also authorize the credit union to obtain credit reports in connection with this application.

For Joint Ownership: The undersigned hereby apply for the issuance of shares to them in joint tenancy with the right of survivorship in the **METRO Federal Credit Union** and, in consideration of the approval of this application by the said credit union, do hereby agree each with the other(s) and with the said credit union, that all sums now paid on shares of hereafter paid thereon, and all dividends there from shall be owned by us jointly with the right of survivorship, and in the event of the death of any of us the said credit union shall be liable thereon only to the survivor(s) and while any of us is living payment to any one of us shall discharge any liability of said credit union.

For Share Certificates: Under penalties of perjury, I certify (1) that the number shown on this form is my taxpayer identification number, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X	X
Member/Owner	Joint Owner
Date	Date

X
Joint Owner
Date

FOR OFFICE USE ONLY

SAVINGS Account APPROVED	CHECKING Account	Debit Card
By: _____	[] Approved [] Denied	[] Approved [] Denied [] Declined
Date: _____	By: _____	By: _____
Note: _____	Date: _____	Date: _____
	Free Checks []	[] Primary Card
<input type="checkbox"/> Regular Savings	<input type="checkbox"/> Regular Checking	[] Joint Card
<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Premier Checking	[] Joint Card
<input type="checkbox"/> Vacation Club	<input type="checkbox"/> VIP Money Market Checking	Special Limit: _____
<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Student Checking	Pledge: _____
Pledge: _____	Pledge: _____	Pledge: _____
Reason: _____	Reason: _____	Reason: _____