

Mountain Empire Federal Credit Union

1413 N. Main Street • Marion, VA 24354
276-782-9639 • FAX 276-783-9303

Acct No.

MEMBER APPLICATION AND INFORMATION

First Name	M.I.	Last Name	
SSN/TIN	Driver's Lic. No.	Birthdate	
Address			
City, State, Zip		Mother's Maiden Name	
Home Phone ()		Work Phone ()	
Email Address		Employer	
Work Location/Inter-Office Address			
Eligibility (check one): <input type="checkbox"/> Smyth County <input type="checkbox"/> Wythe County <input type="checkbox"/> Washington County			
<input type="checkbox"/> Immediate family member or household member of eligible member <input type="checkbox"/> Other			

ACCOUNTS AND SERVICES

<input type="checkbox"/> Savings (required to join)	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Direct Deposit - Paperwork will be sent to you.	
<input type="checkbox"/> FREE Checking	<input type="checkbox"/> VISA card	<input type="checkbox"/> Payroll Deduction*	
<input type="checkbox"/> Christmas Club/Amt. \$	per paycheck	Amt. \$	per paycheck to
		Paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly	
<input type="checkbox"/> Savings Certificate: <input type="checkbox"/> 6 month <input type="checkbox"/> 1 year	<input type="checkbox"/> FREE MEARS (automated telephone service)		
<input type="checkbox"/> Other	<input type="checkbox"/> FREE Overdraft Protection (transfer from savings)		

\$25 minimum deposit to savings to open membership • \$1,000 minimum savings certificate deposit.

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

Single Party Multiple Party with Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. Multiple Party without Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust, or intestacy.

Joint Account Owner 1

Name	SSN/TIN
Driver's Lic. No.	D.O.B.
Mother's Maiden Name	
Address	
City, State, Zip	
Home Phone ()	Email Address
Signature	Date

Joint Account Owner 2

Name	SSN/TIN
Driver's Lic. No.	D.O.B.
Mother's Maiden Name	
Address	
City, State, Zip	
Home Phone ()	Email Address
Signature	Date

Application Continued on Reverse

ACCOUNT DESIGNATIONS			
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Account(s)	
(1) Payee/Beneficiary		(2) Payee/Beneficiary	
Address		Address	
<input type="checkbox"/> UTTMA/UGMA (as custodian for		(minor) under the Uniform Transfers/Gifts	
to Minors Act) Minor's TIN/SSN			
CERTIFICATION REGARDING 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 a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.			
<input type="checkbox"/> I am subject to backup withholding		<input type="checkbox"/> I am not a United States citizen or resident (complete W-8 or W-8 BEN form)	
<input type="checkbox"/> Exempt			
CERTIFICATION REGARDING CREDIT INFORMATION			
By signing below, you certify that the information on this Account Card (front/back) is complete, true, and submitted for purpose of obtaining the accounts and services requested. You agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Account Card for the purposes of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to terms of the following Agreements applicable to the Accounts and Services requested.			
Membership and Account Agreement. You acknowledge receipt and 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 amendment the Credit Union makes from time to time which are incorporated herein.			
Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.			
The Internal Revenue Service does not require your consent to any provisions of this document other than the certification above.			
X		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date
OPTIONAL SERVICES			
<input type="checkbox"/> See Account Change Card		<input type="checkbox"/> See Insurance Beneficiary Card	
Date of Membership	Opened/App'd by		Member Verification
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request	
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Audio Response		
CHECK ORDER FORM			
Name(s)		Account Number	
Street		Check Style	
City, State, Zip		Starting Check Number	
Other Information		Please allow at least 10 - 14 business days for delivery.	

Mail to:
Mountain Empire Federal Credit Union
1413 N Main St
Marion, VA 24354

Fax to:
276-783-9303