

New Application Changes to Existing Account

MARKET USA FCU MEMBERSHIP APPLICATION

Last Name (please print)	First Name	MI	Social Security Number	Date of Birth	Email Address
Street Address		City		State	Zip
Home Phone Number		Work Phone Number		Cell Phone Number	
Driver's License No.	State	Issue Date	Exp. Date	Account Password (required to open accounts by phone--this is not your ATM/Visa Check Card PIN)	

VERIFICATION OF ELIGIBILITY: How do you qualify for membership with Market USA FCU?

<input type="checkbox"/> I am an existing Market USA FCU Member <input type="checkbox"/> I am employed by a company, or affiliated with a group, that is eligible for membership with Market USA FCU. Company Name: _____	<input type="checkbox"/> I am a family/household member of a Market USA FCU Member. Current Member's Name: _____ <input type="checkbox"/> I am a family/household member of an employee of a company eligible for membership Company Name: _____ Employee Name: _____
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ACCOUNT OWNERSHIP: Individual Account Joint Account with Survivorship
Joint Owner Information (if applicable)

Last Name (please print)	First Name	MI	Street Address	City	State	Zip
Driver's License No.	State	Issue Date	Exp. Date	Social Security Number		Date of Birth
Home Phone Number	Cell Phone Number		Work Phone Number		Email Address	

PAYABLE ON DEATH (POD) ACCOUNT DESIGNATION

Beneficiary Information (if applicable)

Last Name (please print)	First Name	MI	Social Security Number	Date of Birth
Street Address		City		State Zip

ACCOUNT TYPES & SERVICES

Membership Savings (this account establishes your membership with Market USA FCU)

VIP Checking RockStar Checking Direct Deposit Checking Value Checking Money Market Order Checks for my Checking Account
 Holiday Club Account
 Do not transfer my Holiday funds. On or around October 8, transfer my Holiday funds into my: Checking Savings

Sign up for Internet Banking <i>with</i> e-Statements! • Reduce Identity Theft Risk • Earn Preferred Certificate & Loan Rates • Get Text Alerts Visit www.marketusafcu.com to enroll today!	<input type="checkbox"/> ATM Card (savings account only) 4 Digit PIN _____ <input type="checkbox"/> Visa Check Card (requires checking account) 4 Digit PIN _____ <input type="checkbox"/> Order card for joint owner 4 Digit PIN _____ <input type="checkbox"/> Full Access Telephone Banking 4 Digit PIN _____
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TIN CERTIFICATION AND BACK-UP WITHHOLDING

Under the penalties of perjury, by signing below I, member, certify that: (1) the Social Security Number shown on this form is my correct taxpayer identification number (TIN); (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 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. Person (including U.S. resident alien). **Certification Instructions** - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. IRS does not require agreement to other provisions on this form.

DISCLOSURES & AUTHORIZATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record all information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask your name, address, date of birth and other information that allows us to identify you. **You must include a legible copy of your driver's license or government issued photo ID with this application. Failure to do so will result in a delay in processing.** **Acceptable forms of identification include: (1) valid driver's license; (2) valid MVA issued ID card; (3) valid passport; and (4) valid military ID.** By signing below, I/We understand, agree to, and certify the following: (1) all current and future accounts established under this member number will be governed by this account agreement; (2) I/we will be held responsible for all accounts opened and/or transactions conducted using the password provided on this form and that I/we are responsible for keeping this password secure; (3) all information provided on this form is complete and true; (4) 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; and (4) 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. I/We authorize Market USA Federal Credit Union to obtain a consumer report to evaluate my credit worthiness.

OWNER SIGNATURES

X _____
Signature

X _____
Joint Owner's Signature

INTERNAL USE ONLY

	Member	Joint Owner
Membership Date:	<input type="checkbox"/> DL _____	<input type="checkbox"/> DL _____
Opened by:	<input type="checkbox"/> MVA ID _____	<input type="checkbox"/> MVA ID _____
Checking A/C ID:	<input type="checkbox"/> Passport <input type="checkbox"/> Military ID	<input type="checkbox"/> Passport <input type="checkbox"/> Military ID
Approved by:	If DL/MVA info was provided on the application, provide your initials to indicate that you have verified the information. If a Passport or Military ID is provided, note the number, expiration date, and issue date.	
	CIP Verification/Notes	