## Maumee Educators Federal Credit Union 950 Cass Rd. Maumee, OH 43537

Member / Account Number:						
Individual Account	Joint Account					

## MEMBERSHIP APPLICATION

To 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 to you: When you open an account, we will ask for your name, address, date of birth and other information that will help us to confirm your identity. We will also ask for a copy of your driver's license or other identifying document with photo and will obtain a formal Credit Report as part of the identity confirmation process.

Name			· · · · · · · · · · · · · · · · · · ·			
Home Address		City		_State	Zip	
Soc. Sec. No.		Date of Birth				
Home Phone		Cell Phone				
Employer						
Occupation			Work Phone _		· · · · · · · · · · · · · · · · · · ·	
Driver's License No.	State	E-Mail				
Other I.D. used to establish account						
If you would like this to be a joint account, pleas enter that individuals name below and have them complete their own application.						
Joint Applicant Name:						
Lharahy maka application for mombarship in May	maa Educator	re Endoral Cradit Union	and agree to senfe	rm to its natisis	s & presedures and to	
I hereby make application for membership in Maur the terms of the account agreement as disclosed in			•	•	•	
Educators Federal Credit Union. Under penalties of		• • •		•	•	
number (2) that I am exempt from back up withhol subject to backup withholding as a result of a failur	-		•			
am no longer subject to backup withholding and (3	•	•				
acknowledgment of receipt of the Account Terms 8	-	-	•			
application. I / We agree to the terms & conditions	of the accou	nt that I / We have app	lied for and the Mu	Itiple Name Ag	reement if applicable.	
Account Owner's Signature			Date			
Credit Union Official Signature			ε	ate		