

**ACCOUNT SIGNATURE CARD**

Account Number: [REDACTED] Basis for Membership: Employee of the CI  Amends Existing Information

Please tell us about yourself  Verification Issued By: NY Gender:  Male  Female

Last Name: [REDACTED] First Name: [REDACTED] Middle Initial: [REDACTED] Suffix: [REDACTED]

Date of Birth (MM/DD/YYYY): [REDACTED] Social Security Number: [REDACTED] Mother's Maiden Name (mother's last name before marriage): [REDACTED] Phone Center ID (4-digits required): [REDACTED] Home Phone Number: [REDACTED]

House # [REDACTED] NS [REDACTED] EW [REDACTED] Street Name [REDACTED] Street Type [REDACTED] NS [REDACTED] EW [REDACTED] APT/FL [REDACTED] APT/FL# [REDACTED] City BROOKLYN NY 11207-1012 ST [REDACTED] Zip Code [REDACTED]

MAILING ADDRESS (where to direct mail other than the home address) If adding a PO BOX address, check here

House # [REDACTED] NS [REDACTED] EW [REDACTED] Street Name [REDACTED] Street Type [REDACTED] NS [REDACTED] EW [REDACTED] APT/BOX [REDACTED] APT/BOX# [REDACTED] City [REDACTED] ST [REDACTED] Zip Code [REDACTED]

NYC DHS officer Employer Name [REDACTED] Job. Title [REDACTED] NYC Agency 718-363-4702 Seg. Group [REDACTED] Work # [REDACTED]

Cell/Mobile Phone Number [REDACTED] U.S. Person USA Citizenship [REDACTED] Gross Income/Month 3,500.00 Cash Deposit Amt/Month 20 #Incoming Wires/Month 0

Email Address [REDACTED] Re-Type Email Address (for verification) [REDACTED]

NYS Learners Permit [REDACTED] ID 1 Type [REDACTED] ID 1 Number [REDACTED] NY Permit [REDACTED] ID 1 Description [REDACTED] ID 1 Expiration Date 03/26/19

Job Identification 504 ID 2 Type [REDACTED] ID 2 Number [REDACTED] NYC DHS [REDACTED] ID 2 Description [REDACTED] ID 2 Expiration Date 06/30/20

Joint Account Holder  Verification Issued By: \_\_\_\_\_ Gender:  Male  Female  Check if address same as Primary  Amends Existing Information  Add Joint Account Holder

Last Name: [REDACTED] First Name: [REDACTED] Middle Initial: [REDACTED] Suffix: [REDACTED]

Date of Birth (MM/DD/YYYY): [REDACTED] Social Security Number: [REDACTED] Mother's Maiden Name (mother's last name before marriage): [REDACTED] Phone Center ID (4-digits required): [REDACTED] Home Phone Number: [REDACTED]

House # [REDACTED] NS [REDACTED] EW [REDACTED] Street Name [REDACTED] Street Type [REDACTED] NS [REDACTED] EW [REDACTED] APT/FL [REDACTED] APT/FL# [REDACTED] City [REDACTED] ST [REDACTED] Zip Code [REDACTED]

Employer Name [REDACTED] Job Title [REDACTED] Seg. Group [REDACTED] Work # [REDACTED] Relationship to Primary Member [REDACTED]

Cell/Mobile Phone Number [REDACTED] Citizenship [REDACTED] Gross Income/Month [REDACTED] Cash Deposit Amt/Month [REDACTED] #Incoming Wires/Month [REDACTED]

Email Address [REDACTED] Re-Type Email Address (for verification) [REDACTED]

ID 1 Type [REDACTED] ID 1 Number [REDACTED] ID 1 Description [REDACTED] ID 1 Expiration Date [REDACTED]

ID 2 Type [REDACTED] ID 2 Number [REDACTED] ID 2 Description [REDACTED] ID 2 Expiration Date [REDACTED]

**Beneficiary Information (optional)  Check if address same as Primary**

Last Name		First Name			Middle Initial	Suffix			
Date of Birth	Social Security Number		Relationship to Primary Member		Home Phone Number				
House #	NS EW	Street Name	Street Type	NS EW	APT/ FL	APT/ FL#	BROOKLYN City	NY ST	11207 Zip Code

**Beneficiary Information (optional)  Check if address same as Primary**

Last Name		First Name			Middle Initial	Suffix			
Date of Birth	Social Security Number		Relationship to Primary Member		Home Phone Number				
House #	NS EW	Street Name	Street Type	NS EW	APT/ FL	APT/ FL#	City	ST	Zip Code

**Accounts/Services To OPEN:**

**Accounts/Services To RE-OPEN**

- Shares
- FasTrack checking
- Instant ATM/Check Card
- Alternative Checking
- Money Market
- Touch Tone Teller
- E-Statement
- MCU OnLine Banking
- Order Checks
- Young Executive
- Convert Young Executive/EasySave Account
- WRG Temporary Password
- Mailed ATM/Check Card

I hereby apply for membership and subscribe for at least one share (\$5.00) in the Municipal Credit Union and agree to conform to its By-Laws and amendments thereof. I agree to be governed by the Account Agreement, Rules and Regulations and Schedule of Dividends, Service Charges and Fees of the Municipal Credit Union applicable to Share, FasTrack Checking, Vacation, Holiday and Money Market accounts as now in effect and as from time to time amended. I agree to be bound by the terms and conditions of the MCU Cash Connection, MCU ATM/Check Card, MCU OnLine Banking, and Touch Tone Teller Agreements (which will be later mailed/provided to me), upon my first use of such service(s).

I understand that the designations made on this signature card/form will apply to all MCU deposit accounts which are or will be in the future maintained under the same root account number (except IRA, Youth Club, and Share Certificate accounts), and will have the effect of revoking all previous designations made with regard to such accounts.

If a joint tenant has been designated on this signature card, it is agreed that these accounts be payable to either of us and upon the death of one of us, to the survivor. Also, it is agreed that any joint tenant may, without the consent of or notice to the other, pledge all or any part of the shares in these accounts as collateral security for a loan with MCU. If a beneficiary (beneficiaries) has (or have) been designated on this signature card, it is agreed that this is a voluntary and revocable trust, and that upon my/our death, the funds in these accounts, and all other deposit accounts maintained under the same root account number (except IRA, Youth Club, and Share Certificate accounts), will become the property of the named beneficiary or beneficiaries who are alive at the time of my/our death in equal proportions. If both a joint tenant and a beneficiary (or beneficiaries) have been designated on this signature card, it is agreed that the beneficiary(ies) will only acquire an interest in these accounts upon the death of the last surviving joint tenant.

By signing below, I/We authorize Municipal Credit Union to perform a credit investigation including the verification of the information on this application. Verification of income and employment may also be required.

**Under penalties of perjury, I certify (1) that the number shown on this form is my correct 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 because the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen (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.**

Alison John Williams  
Account Holder Signature

08/15/16  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

Yes, I elect to accept the Check Imaging option and agree to pay the associated service charge.

If Joint Account Holder requests an MCU ATM/Check Card, check this box.

\_\_\_\_\_  
Sponsor Account Number

Brooklyn Branch  
Branch Name

ALISON JOHN WILLIAMS  
Member Service Representative