

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 Ms

Noel Last Name Toya First Name A Middle Initial _____ 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

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

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

STUDENT Student Employer Name [REDACTED] Job. Title [REDACTED] Seg. Group 1,000.00 2 Work # 0

[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)

State Drivers License ID 1 Type [REDACTED] ID 1 Number [REDACTED] ID 1 Description [REDACTED] ID 1 Expiration Date [REDACTED]

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

Joint Account Holder Verification Issued By: _____ Gender: Male Female _____

Check if address same as Primary Amends Existing Information Add Joint Account Holder

Last Name _____ First Name _____ Middle Initial _____ 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

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

Employer Name _____ Job Title _____ Seg. Group _____ Work # _____ 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)

ID 1 Type _____ ID 1 Number _____ ID 1 Description _____ ID 1 Expiration Date _____

ID 2 Type _____ ID 2 Number _____ ID 2 Description _____ ID 2 Expiration Date _____

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

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

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Shares | <input checked="" type="checkbox"/> FasTrack checking | <input checked="" type="checkbox"/> Instant ATM/Check Card | <input type="checkbox"/> Alternative Checking |
| <input type="checkbox"/> Money Market | <input checked="" type="checkbox"/> Touch Tone Teller | <input type="checkbox"/> E-Statement | <input checked="" type="checkbox"/> Order Checks |
| <input type="checkbox"/> Young Executive | <input type="checkbox"/> Convert Young Executive/EasySave Account | <input type="checkbox"/> WRG Temporary Password | <input type="checkbox"/> 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.

Account Holder Signature

09/23/16
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

Co-op City Branch
Branch Name

KHADIJAH IBRAHIM
Member Service Representative