

**ST JOSEPH MEDICAL CENTER MD FEDERAL CREDIT UNION**  
7601 Osler Drive  
Towson MD 21204  
410-337-1319

**ACCOUNT CARD**

**ACCOUNT TYPE & ACCOUNT NUMBER**

Share/Savings \_\_\_\_\_ Holiday Club \_\_\_\_\_ Share Certificate \_\_\_\_\_  
Share Draft/Checking \_\_\_\_\_ Vacation Club \_\_\_\_\_ Minor Shares \_\_\_\_\_

**TIN CERTIFICATION AND 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 in 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.

I am subject to backup withholding  I am not a United State citizen or resident  
(complete W-8 or W-8 BEN form)  
 Exempt

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

<b>Member/Owner</b> _____	<b>Account No.</b> _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone ( ) _____	Date of Birth _____
E-Mail _____	Mother's Maiden Name _____
Work Phone ( ) _____	Employment _____
PIN/Security Code _____	Membership Eligibility _____

**AUTHORIZATION**

By signing below, I/we 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. I/We acknowledge 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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**ACCOUNT OWNERSHIP**

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

**Individual**     **Joint Account with Survivorship**     **Joint Account without Survivorship**

**Joint Onwer** \_\_\_\_\_

Street \_\_\_\_\_

SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

PIN/Security Code \_\_\_\_\_

**Joint Onwer** \_\_\_\_\_

Street \_\_\_\_\_

SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

PIN/Security Code \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD)**     All accounts     Designate specific account(s) \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**UTTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)

**Minor/s TIN/SSN** \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

**Date of Membership** \_\_\_\_\_ **Opened/App'd by** \_\_\_\_\_

**Member Verification Completed** \_\_\_\_\_ **Chex Systems** \_\_\_\_\_