

St Joseph Medical Center MD Federal Credit Union  
7601 Osler Drive  
Towson MD 21204  
410-337-1319

**MEMBER IDENTITY INFORMATION  
& VERIFICATION CARD**

**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 information that identifies each person who opens an account.

**What this means to you:** When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**MEMBER IDENTITY INFORMATION**

Member/Owner \_\_\_\_\_ Member No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical Address \_\_\_\_\_  
(if different than \_\_\_\_\_  
address above) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**GOVERNMENT ISSUED IDENTIFICATION NUMBER**

SSN/EIN \_\_\_\_\_

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

Individual Taxpayer Identification Number \_\_\_\_\_ Alien Identification Number \_\_\_\_\_

Passport Number \_\_\_\_\_ Country \_\_\_\_\_

Other Government Issued Document No. \_\_\_\_\_ Country \_\_\_\_\_  
(with photograph or similar safeguard)

Describe Document: \_\_\_\_\_

I certify that the information provided above is my true and correct identity information.

Signed \_\_\_\_\_  
Member/Owner \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY INFORMATION**

Complete if required by your credit union:

State of \_\_\_\_\_, County of \_\_\_\_\_

City, Town, Village of \_\_\_\_\_.

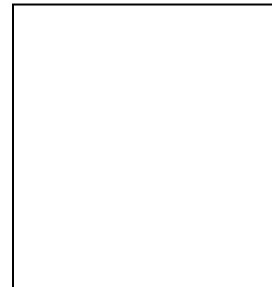
Notary Seal

This person named hereon personally came before me and signed above on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name



**FOR CREDIT UNION USE ONLY:**

**DOCUMENTARY VERIFICATION**

**Individuals**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Student ID No. \_\_\_\_\_ School \_\_\_\_\_

Passport No. \_\_\_\_\_ Date \_\_\_\_\_ Country \_\_\_\_\_ Exp. Date \_\_\_\_\_

Employee ID No. \_\_\_\_\_ Employer \_\_\_\_\_

Other Document No. \_\_\_\_\_ Describe Document \_\_\_\_\_  
Issuing Authority \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

**NON-DOCUMENTARY VERIFICATION**

Third Party Verification (credit bureau, public data bases) Source \_\_\_\_\_

Obtained references from Other Financial Institutions Name \_\_\_\_\_

Contacted Member by \_\_\_\_\_ phone \_\_\_\_\_ Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Other Sources \_\_\_\_\_

**DISCREPENCY DOCUMENTATION**

State any discrepancy in the identity information provided above discovered through the identity verification process and the resolution of the discrepancy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF COMPLETION DOCUMENTATION**

Verification Completion Date \_\_\_\_\_ By \_\_\_\_\_

Government List(s) Checked \_\_\_\_\_ Treasury CIP List \_\_\_\_\_ OFAC \_\_\_\_\_ Other: \_\_\_\_\_

List Verification Completion Date \_\_\_\_\_ By \_\_\_\_\_