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Membership Application

Date	Member Number
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SECTION A: Applicant

Last Name	First Name	M.I.	Occupation	Employer	Annual Salary
Residential Address (No PO Box)			Social Security Number	Date of Birth	
City, State, Zip Code			TIN (Taxpayer Identification Number) Certification (Check only if applicable): <input type="checkbox"/> I am a US Citizen or Resident <input type="checkbox"/> I am subject to backup withholding		
Mailing Address (If different from Residential Address)			Drivers License#	State	Issue/Expiration Date
City, State, Zip Code			Preferred Password (optional identity verification)	Mother's Maiden Name	
Work Phone	Home Phone	Cell Phone	E-mail Address	Membership Eligibility	

SECTION B: Joint Applicant

Last Name	First Name	M.I.	Social Security Number	Date of Birth	
Residential Address (No PO Box)			Drivers License#	State	Issue/Expiration Date
City, State, Zip Code		US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	E-Mail Address		
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name	Relationship to Applicant	

SECTION C: Payable-on-Death Beneficiary (Not a Joint Applicant)

Last Name	First Name	M.I.	Date of Birth	Last Name	First Name	M.I.	Date of Birth
Residential Address (No PO Box)			Social Security # (if available)	Residential Address (No PO Box)			Social Security # (if available)
City, State, Zip Code			Relationship to Applicant	City, State, Zip Code			Relationship to Applicant

SECTION D: Products (check all that apply)

Deposit Products <input type="checkbox"/> Savings _____ <input type="checkbox"/> Checking _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Money Market _____ <input type="checkbox"/> Premium Money Market _____ <input type="checkbox"/> Other _____	Electronic Services <input type="checkbox"/> Online Banking - E-Statement - Bill Pay <input type="checkbox"/> ATM/Debit Card	Provide Additional Information Related To: <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Phone Banking (self-enrollment)	<input type="checkbox"/> Line of Credit <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Investment Services <input type="checkbox"/> Other _____	<input type="checkbox"/> Secured Loan <input type="checkbox"/> Visa Credit Card <input type="checkbox"/> Private Student Loan
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SECTION E: Membership Disclosures and Certifications

Certification of Taxpayer Identification Number (TIN) and Backup Withholding Information: by signing below I certify under penalties of perjury that the Social Security Number (SSN) shown is my correct identification and that I am NOT, unless designated above, 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 back up withholding.

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. You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein and hereafter. 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. I/We are applying for membership in Mayo Employees Federal Credit Union and agree to follow the bylaws and amendments and to subscribe to at least one share. False Statements on this application constitute perjury.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

SECTION F: Authorization

Applicant Signature	DATE	FOR CREDIT UNION USE ONLY (DO NOT WRITE IN THIS AREA):	
X		Date of Membership:	Open By:
Joint Applicant Signature	DATE	<input type="checkbox"/> CB/BNI	<input type="checkbox"/> Debit Card
X		<input type="checkbox"/> OFAC	<input type="checkbox"/> Online Banking
		<input type="checkbox"/> Chex	<input type="checkbox"/> Other

If sending this application by mail, include the required minimum deposit: \$5 for Savings, \$25 for Checking. A photocopy of a government-issued photo ID is required for all applicants.