

130 – 23rd Avenue SW Rochester, MN 55902 mayocreditunion org 507-535-1460 Tel 800-535-2129 Toll Free 507-293-8116 Fax

Membersh	ip A	ilgg	cati	on
----------	------	------	------	----

Member Number

Date

Federal Credit	Union mayocre	ditun	ion.org 507	7-293	8-8116	6 Fax					
SECTION A: Applicant											
ast Name First Name M.I.				Occupation			Employer		Annual Salary		
Residential Address (No PO Box)				9	Social Security Number Date				Date	of Birth	
City, State, Zip Code					TIN (Taxpayer Identification Number) Certification (Check only if applicable):						
						a US Citizen		∐ I am su	bject to backup		
Mailing Address (if different from Residential Address)					Drivers License # State Issue/Expiration Date						
City, State, Zip Code				F	Preferred Password (optional identity verification) Mother's Maiden Name					aiden Name	
Work Phone Home Phone Cell Phone			E	Email Address Membersh				p Eligibility			
SECTION B: Joint Applica	nt										
Last Name	First Name		M.I.	(	Occupation Social Security Number					Date of Birth	
Residential Address (No PO E	Box)				Drivers License # State Issue/Expiration Date						
City, State, Zip Code		US Cit	izen S 🔲 NO	E	Email A	ddress					
Work Phone	Home Phone	Cell Pl	none	N	Mother's Maiden Name Relationship 1			Relationship to	o Applicant		
SECTION C: Payable-on-I	Death Beneficiary (Not a J	oint Ar	oplicant)		Payabl	le-on-Death	Beneficia	ry (Not a Joint	t Applicant)		
Last Name	First Name M		Date of Birth		Last Name First Name			-	M.I.	Date of Birth	
Residential Address (No PO Box)  Social Security # (if available)			ble) F	Residential Address (No PO Box)					Social Security # (if available)		
City, State, Zip Code Relationship to			Relationship to Applica	ant C	City, State, Zip Code Relations					Relationship to Applicant	
SECTION D: Products (Ch	neck all that apply)										
		Т	Flaatuania	. C			Du	wido Additi	onal Inform	ation Polated To:	
	t Products		Electronic		ervices Provide Additional Information Related To:  ATM/Debit Card						
	5				☐ Mobile Banking ☐ Mortgage Loan ☐ Visa Credit Card						
☐ Premium Money Market			- Bill Pay					nvestment Services			
☐ Other		_	- ,		☐ Other						
SECTION F: Membership	Disclosures and Certifica	tions									
Certification of Taxpayer I Security Number (SSN) sl notified that I am subject subject to back up withho	to backup withholding as	cation	and that I am NOT, u	unless	s desig	nated abov	e, subject t	o backup wit	hholding bec	ause I have not been	
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 that 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					FOR CREDIT UNION USE O			NION USE ON	LY (Do not write in this area):		
Applicant Signature					DAT	E	Da	te of Membersl	nip:	Open By:	
X								CB/BNI	[	☐ Debit Card	
Joint Applicant Signature								☐ OFAC ☐ Online Banking ☐ Other		_	
X								OHEA		_ Otilei	
If sending this applica	tion by mail, include th	e req	uired minimum op ts.	pening	g dep	osit: \$5 for	Savings, \$	25 for Check	ing. A photo	copy of	



130 – 23rd Avenue SW Rochester, MN 55902 mayocreditunion.org 507-535-1460 Tel 800-535-2129 Toll Free 507-293-8116 Fax

## Membership Application Addendum

r	euerai Creu	iit Union mayocre	aitunion.org 507	(-293-811	o rax		Date	Member Number			
Joint Ap	plicant										
□ Add	☐ Remove	Applies to: ☐ All Accounts	☐ Accounts:								
Last Nam	ne	First Name	M.I.	Occup	ation	Social Secu	ırity Number	Date of Birth			
Residential Address (No PO Box)				Drivers License #		State Is	sue/Expiration Date				
City, State, Zip Code  US Citizen			US Citizen	Email	L Address						
Work Pho	Work Phone Home Phone Cell Phone			Mothe	r's Maiden Name	Applicant					
Joint Ap	plicant										
□ Add	☐ Remove	Applies to: ☐ All Accounts	☐ Accounts:								
Last Nam	ne	First Name	M.I.	Occup	ation	Social Secu	ırity Number	Date of Birth			
Resident	ial Address (No F	PO Box)			Drivers License # State Issue/Expiration Date						
City, State	e, Zip Code		US Citizen  ☐ YES ☐ NO	Email	Email Address						
Work Pho	one	Home Phone	Cell Phone	Mothe	Mother's Maiden Name Relationship to A			Applicant			
Payable	-on-Death Ber	neficiary (Not a Joint Applican	t)	Payal	Payable-on-Death Beneficiary (Not a Joint Applicant)						
☐ Add ☐ Remove Applies to: ☐ All Accounts ☐ Accounts:			□ Ad	☐ Add ☐ Remove Applies to: ☐ All Accounts ☐ Accounts:							
Last Name First Name M.I. Date of Birth			Last N	ame First	Date of Birth						
Residential Address (No PO Box)  Social Security # (if available)			ble) Reside	ential Address (No PO Box)	Social Security # (if available)						
City, State, Zip Code Relationship to Applicant			ant City, S	City, State, Zip Code Relationship							
Payable	-on-Death Ber	neficiary (Not a Joint Applican	t)	Payal	Payable-on-Death Beneficiary (Not a Joint Applicant)						
☐ Add ☐ Remove Applies to: ☐ All Accounts ☐ Accounts:			☐ Ad	☐ Add ☐ Remove Applies to: ☐ All Accounts ☐ Accounts:							
Last Nan	ne	First Name M	I. Date of Birth	Last N	ame First	t Name	M.I.	Date of Birth			
Resident	ial Address (No I	PO Box)	Social Security # (if availa	ble) Reside	ential Address (No PO Box)			Social Security # (if available)			
City, State	e, Zip Code		Relationship to Applica	ant City, S	tate, Zip Code			Relationship to Applicant			
Primary (	Owner's Signatu	re			DATE						
X											
Joint Applicant's Signature					DATE						
X											
Joint App	olicant's Signatui	re			DATE						
X											