



Federal Credit Union

130 - 23rd Avenue SW
Rochester, MN 55902
mayocreditunion.org

507-535-1460 Tel
800-535-2129 Toll Free
507-293-8116 Fax

Membership Application

Date Member Number

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
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 Email 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 Email 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 Electronic Services Provide Additional Information Related To:
Savings Checking Certificate Money Market Online Banking Mobile Banking Line of Credit Secured Loan
Premium Money Market Other - eStatements Mobile Deposit Mortgage Loan Visa Credit Card
- Bill Pay Phone Banking Investment Services Private Student Loan
- ATM/Debit Card (self-enrollment) Other

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 Date of Membership: Open By:
Joint Applicant Signature DATE
CB/BNI Debit Card
OFAC Online Banking
Chex 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.

Date	Member Number
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Joint Applicant

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:					
Last Name		First Name		M.I.	
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		Email Address	
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name		Relationship to Applicant

Joint Applicant

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:					
Last Name		First Name		M.I.	
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		Email Address	
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name		Relationship to Applicant

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:			<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:		
Last Name		First Name		M.I.	
Residential Address (No PO Box)		Social Security # (if available)		Date of Birth	
City, State, Zip Code		Relationship to Applicant		Date of Birth	

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:			<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:		
Last Name		First Name		M.I.	
Residential Address (No PO Box)		Social Security # (if available)		Date of Birth	
City, State, Zip Code		Relationship to Applicant		Date of Birth	

Primary Owner's Signature	Date
X	
Joint Applicant's Signature	Date
X	
Joint Applicant's Signature	Date
X	