



Application for Membership in Merrimack Valley Credit Union

600 Main Street ♦ Waltham, MA 02452 ♦ 781-736-9900

Please print when completing this application.

PLEASE BE SURE TO: 1.) All account owners must sign this application 2.) Include a copy of a valid government-issued photo ID.

Ownership Type: Single Account Joint Account with Rights of Survivorship
 Trust Representative Payee Uniform Transfers to Minors Act (UTMA)

Print Name _____ Social Security Number _____	Print Name _____ Social Security Number _____
Date of Birth _____ Place of Birth _____	Date of Birth _____ Place of Birth _____
Driver's License Number / State _____	Driver's License Number / State _____
Street _____	Street _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Home E-Mail _____ Work E-Mail _____	Home E-Mail _____ Work E-Mail _____
Employer _____ Occupation _____	Employer _____ Occupation _____
Account Password (Not Debit card PIN) _____ Mother's Maiden Name _____	Account Password (Not Debit card PIN) _____ Mother's Maiden Name _____

What prompted you to open your account? _____

Account Selections: <input checked="" type="checkbox"/> Main Share Saving (Required) <input type="checkbox"/> Performance Checking <input type="checkbox"/> Class Act Checking	Club account: <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday <input type="checkbox"/> Back to School	<input type="checkbox"/> Money Market
Optional Services: <input type="checkbox"/> VISA Debit Card or <input type="checkbox"/> ATM Card for <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member		

Certification as to Tax Payer Identification and Backup Withholding
 By signing this membership application, I certify, under the penalties of perjury, that (1) I am a U.S. Person (including a U.S. Resident Alien), (2) that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and (3) that I am NOT unless designated below, subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified me that I am no longer subject to withholding. The IRS does not require your consent to any provision of the membership application other than the certifications required to avoid backup withholding.
 I am a U.S. person (including a U.S. Resident Alien)
 I am NOT a United States citizen or U.S. Person (IRS Form W-8BEN required)

I hereby agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate & Fee Schedule, Electronic Funds Transfer Agreement, Funds Availability Policy Disclosure, and conform to its laws and amendments thereof and subscribe for at least one share.

FAIR AND ACCURATE CREDIT TRANSACTIONS ACT NOTICE: We may report information about your account to credit bureaus. Late or missed payments, or other defaults, may be reflected in your credit report.

By applying for membership, I authorize the Credit Union to obtain and use credit reports and verify my employment history in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future.

Signatures — All persons applying for membership must sign below

Primary Member Signature
 _____ Date: _____

Joint Member Signature
 _____ Date: _____

Totten Trust Account Only

_____ Trustee(s), hold this account in trust to control and dispose of as I/we see fit during my/our lifetime but on my/our death to pay to the beneficiary/beneficiaries the full amount then standing to the credit of this account. (Provide Name, Address, Date of Birth and Social Security Number)

Beneficiary _____

Beneficiary _____

Beneficiary _____

Massachusetts Uniform Transfers to Minors Act (UTMA) Account only

(Name) _____ as custodian for _____ under the Massachusetts Uniform Transfers to Minors Act.

— For Credit Union Use Only —

Membership Eligibility: _____ Date: _____
 Opened by (Teller Initials & No.): _____ Branch: _____
 Application received: In person via U.S. Postal Service
 Photo ID: State License Gov't.-Issued ID Military ID
 Other: _____
 Initial Disclosures and ID Card Provided: Yes No