



130 23rd AVENUE SW, ROCHESTER, MN 55902
 PHONE: (507) 535-1460 TOLL-FREE: 800-535-2129
 FAX: (507) 535-1458 www.mayocreditunion.org

MEMBERSHIP APPLICATION

DATE	MEMBER NUMBER

SECTION A: Applicant (Complete all sections that apply and sign at the bottom)

NAME LAST		FIRST		M.I.	OCCUPATION	PASSWORD	
RESIDENTIAL ADDRESS (NO PO BOXES)					SOCIAL SECURITY #		DATE OF BIRTH
CITY		STATE		ZIP	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	E-MAIL ADDRESS		
WORK PHONE ()	HOME PHONE ()	CELL PHONE ()		MOTHER'S MAIDEN NAME		MEMBERSHIP ELIGIBILITY	

SECTION B: Joint Applicants (Complete all sections that apply and sign at the bottom)

NAME LAST		FIRST		M.I.	NAME LAST		FIRST		M.I.
RESIDENTIAL ADDRESS (NO PO BOXES)				DATE OF BIRTH	RESIDENTIAL ADDRESS (NO PO BOXES)				DATE OF BIRTH
CITY		SOCIAL SECURITY #			CITY		SOCIAL SECURITY #		
STATE	ZIP	DRIVERS LICENSE #	STATE	ISSUE/EXP	STATE	ZIP	DRIVERS LICENSE #	STATE	ISSUE/EXP
PHONE ()	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP TO APPLICANT			PHONE ()	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP TO APPLICANT		

SECTION C: Payable on Death (P.O.D.) Beneficiary Designation (Other than Joint Applicant)

NAME LAST		FIRST		M.I.	NAME LAST		FIRST		M.I.
RESIDENTIAL ADDRESS (NO PO BOXES)					RESIDENTIAL ADDRESS (NO PO BOXES)				
CITY		SOCIAL SECURITY # (if available)			CITY		SOCIAL SECURITY # (if available)		
STATE	ZIP	RELATIONSHIP			STATE	ZIP	RELATIONSHIP		

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 <input type="checkbox"/> ATM/Debit Card • E-Statement • Phone Banking <input type="checkbox"/> Bill Pay	Provide Additional Information Related To: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Secured Loan <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Visa Credit Card <input type="checkbox"/> Investment Services <input type="checkbox"/> 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. 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 card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

SECTION F: Authorization

PRIMARY OWNER SIGNATURE	DATE	FOR CREDIT UNION USE ONLY (DO NOT WRITE IN THIS AREA):	
X		Date of Membership	Open By:
JOINT APPLICANT #1 SIGNATURE	DATE	<input type="checkbox"/> OFAC	<input type="checkbox"/> ATM/Debit Card
X		<input type="checkbox"/> Chex	<input type="checkbox"/> Online Banking PIN Request
JOINT APPLICANT #2 SIGNATURE	DATE	<input type="checkbox"/> Other	
X			
ALL SIGNATURES REQUIRED FOR JOINT ACCOUNT			

COMPLETE & MAIL THIS FORM WITH YOUR REQUIRED MINIMUM DEPOSIT(S) (\$5 MINIMUM FOR SAVINGS AND \$25 FOR CHECKING) AND PHOTOCOPIES OF PICTURE IDENTIFICATION FOR APPLICANT AND ALL JOINT APPLICANTS TO THE ADDRESS ON THE TOP OF THIS FORM. YOUR ACCOUNTS CANNOT BE OPENED WITHOUT RECEIPT OF IDENTIFICATION AND THE PROPER MINIMUM DEPOSITS.