

ACCOUNT # _____

DATE _____

BRANCH # _____

VERIFIED BY _____

Start enjoying the many benefits more than 59,000 of your friends and neighbors are already enjoying.

Share Services

- Savings Accounts
- Checking Accounts
- Certificates
- Money Market Accounts
- Traditional & Roth IRAs
- Club Accounts
 - Holiday Savings
 - Vacation Savings
 - Summer Paychecks Savings

Loan Services

- New and Used Auto Loans
- Visa Classic, Gold and Platinum Cards
- Personal Lines of Credit
- Education/Computer Loans
- Signature Loans
- Home Equity Loans
- Home Equity Lines of Credit
- Secured Loans

Convenient Account Access

- Online Banking
- Money Talk-Telephone Banking
- Direct Deposit and Automatic Payment
- Web Bill Pay
- eStatements
- eAlerts
- Visa Check Card
- Over 32,000 Surcharge-free Allpoint ATMs
- Shared Branches

Additional Services

- Savings Bonds
- Business Services
- MCT Financial Advisors
- Auto Buying Service
- Guaranteed Asset Protection (GAP)
- Accidental Death & Dismemberment Insurance

MCT serves employees of businesses in Montgomery County as well as Montgomery County Public School students and staff. Parents and guardians of Montgomery County Public School students are also eligible. Visit www.mctfcu.org for a complete list of eligibility requirements.

A minimum deposit of \$5 into a savings account establishes your membership at MCT. To join, simply:

1. Fill out this application sign, date, and mail it with your initial deposit to MCT Federal Credit Union, P.O. Box 1250, Rockville, MD 20849.
2. Include a copy of a valid identification: Driver's License, State Vehicle Administration ID, Military ID, or Passport/Resident Alien Card.
3. Provide a check or money order for your opening deposit. Please do NOT send cash deposits through the mail.

If you need assistance completing any part of this form, please contact an MCT representative at (301) 948-9880. You can also open your account by visiting any MCT Federal Credit Union branch.

***ALL INFORMATION MUST BE PROVIDED FOR THE APPLICATION TO BE PROCESSED.**

SECTION 1 - ELIGIBILITY* (PLEASE SELECT ONE)

- My Employer (Employer Name) _____
- Student (School of Enrollment) _____
- Relative of Eligible Member (Relative's Name, Relationship, & Account Number) _____
- Association/Organization _____

SECTION 2 - HOW DID YOU HEAR ABOUT US?* (PLEASE SELECT ONE)

- New Teacher Orientation
- Employee Referral
- Movie Theater Screen Ad
- Transit Shelter/Metro Station
- Member Referral
- Newspaper/Magazine Ad
- Internet
- Metro Bus/Ride On
- Television
- Auto Dealer
- Radio
- Website/eAlert
- Direct Mail Piece
- Walk-In
- Billboard
- Unknown

SECTION 3 - PRIMARY OWNER INFORMATION *

Name (First, M.I., Last) _____ Citizenship: U.S Citizen Resident Alien

Social Security Number _____ Birthdate _____ E-mail Address _____

Employer _____ Occupation _____ Mother's Maiden Name _____

Street Address (P.O. Box cannot be used as a home address) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

How long at the current address? _____ Photo Identification # _____ State of Issuance _____ Exp. Date _____

SECTION 4 - JOINT OWNER INFORMATION *

Name (First, M.I., Last) _____ Citizenship: U.S Citizen Resident Alien
Social Security Number _____ Birthdate _____ E-mail Address _____
Employer _____ Occupation _____ Mother's Maiden Name _____
Street Address (P.O. Box cannot be used as a home address) _____
City _____ State _____ Zip Code _____
Home Phone () _____ Cell Phone () _____ Work Phone () _____
How long at the current address? _____ Photo Identification # _____ State of Issuance _____ Exp. Date _____

SECTION 5 - ACCOUNTS DESIRED * (CHECK ALL THAT APPLY)

- Regular Share Savings (\$5 Minimum Opening Deposit) \$ _____
- Regular Checking (NO Minimum Opening Deposit) \$ _____
- Regular Money Market Account (\$2,500 Minimum Opening Deposit) \$ _____
- Holiday Savings (NO Minimum Opening Deposit) \$ _____
- Dividend Checking (\$1,000 Minimum Opening Deposit) \$ _____
- High Yield Money Market Account (\$25,000 Minimum Opening Deposit) \$ _____
- Vacation Savings (NO Minimum Opening Deposit) \$ _____
- Rewards Checking (\$5,000 Minimum Opening Deposit) \$ _____
- Regular Certificate (\$1,000 Minimum Opening Deposit) \$ _____ Term _____
- Summer Paycheck Savings (NO Minimum Opening Deposit) \$ _____
- Student Checking (NO Minimum Opening Deposit) \$ _____
- Jumbo Certificate (\$50,000 Minimum Opening Deposit) \$ _____ Term _____
- Other _____ \$ _____

Funding for New Account(s) Attached is my deposit for \$ _____
 Transfer From: Member # _____ Account # _____ Amount \$ _____

SECTION 6 - SERVICES DESIRED* Online Banking Web Bill Pay eStatements e-Alerts Money Talk-Telephone Banking

SECTION 7 - BENEFICIARIES*

Upon the death of the last surviving party, I/we designate the following beneficiary(ies) share equally unless otherwise indicated:

Name (1) _____ % _____ Birthdate _____ SSN _____
Address _____ City, State, Zip _____
Name (2) _____ % _____ Birthdate _____ SSN _____
Address _____ City, State, Zip _____

Beneficiary designation is made by the undersigned provisions set forth in MCT FCU's Payable on Death (POD) Designation found in the account disclosure. The account owner(s) reserve the right to change or revoke this designation at any time. This agreement is not valid unless signed by all owners of the account. If more than two beneficiaries, please list additional names on a separate sheet of paper titled "Addendum to POD Beneficiary Designation". Please refer to the Account Information brochure for more details. Sign and date your addendum and return it with this application.

SECTION 8 - SIGNATURES AND AUTHORIZATIONS *

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). INSTRUCTIONS: Cross out item #2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividend on your tax return. Cross out item #3 and complete a W-8 BEN if you are not a U.S. person.

By signing below, the undersigned agree to MCT FCU by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment by any necessary means, including preparation of a credit report by a credit reporting agency. I/we authorize the Credit Union to obtain subsequent credit reports and/or employment verifications to ascertain my eligibility for marketing promotions or other marketing opportunities and/or for continuing eligibility for credit and/or collection purposes in reference to a loan or overdrown account. The undersigned certify that information provided on this Application is true and correct and that the terms on the Application apply to all accounts held by the undersigned at this Credit Union. By signing below, the undersigned acknowledge receipt of the terms and conditions that apply to any approved account.

Joint accounts are established pursuant to the Annotated Code of Maryland. Financial Institutions Article, Section 1-294, et. seq. The joint owners of that account hereby agree with each other and with the Credit Union that all sums paid in on shares, or hereafter paid in on shares, by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, and UNLESS CONTRARY DIRECTION IS GIVEN IN THIS ACCOUNT AGREEMENT UPON THE DEATH OF AN OWNER OR JOINT OWNER(S), and be subject to the withdraw or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharges the Credit Union from any liability for such payment.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Primary Owner's Signature _____ Date _____ Joint Owner's Signature _____ Date _____

IDENTITY VERIFICATION NOTICE – Federal law requires financial institutions to obtain sufficient information to verify the identity of all signatories to an account. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. All verification procedures will be in compliance with our privacy policy that protects the information you provide.



Your savings federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government agency.

Branch Locations

- Aspen Hill**
Aspen Manor Shopping Center
13711 Georgia Ave.
- Clarksburg**
The Highlands Shopping Center
23225 Stringtown Rd.
- Germantown**
Fox Chapel Shopping Center
19777 Frederick Rd.
- Kensington**
Kensington Triangle Shopping Center
10821 Connecticut Ave.
- Rockville**
Route 355 & Redland Rd.
15901 Frederick Rd.
- Cherry Hill**
12500 Prosperity Dr.
Silver Spring, MD