

LM FEDERAL CREDIT UNION
COMBINED MEMBERSHIP APPLICATION

Complete the following form to apply for Credit Union membership and other services. Call the Credit Union at (410) 687-5240 or (800) 410-0501 if you need help in completing this form. Send the form and \$25 opening deposit (unless enrolling for payroll deductions) to 101 Chesapeake Park Plaza, Baltimore MD 21220

Check all that apply: ☒ Primary Shares (required to activate membership - \$25 minimum required to open)
Source of Opening Deposit: ☐ Payroll deduction/direct deposit (see below) ☐ Check or money order enclosed ☐ Both
☐ Secondary Shares ☐ Checking ☐ Holiday Club ☐ Money Market ☐ Certificate ☐ Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION (MANDATORY)

All applicants must complete the following information:

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under Penalties of perjury, that the Social Security number (SSN)/Taxpayer ID number (TIN) shown is my correct number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding ☐ I am or ☐ I am not a U.S. citizen or resident alien

PRIMARY MEMBER APPLICATION AND INFORMATION (MANDATORY)

The Primary account owner must complete the following information:

Full Name: ☐ Miss ☐ Mrs. ☐ Mr.
Address:
Number Street Apt. City State Zip
Social Security #: Date of Birth:
Drivers License# and State: Employee/Badge #
Day Telephone #: Night Telephone #:
Employer / Division: E-mail address:
Membership Eligibility by: ☐ Employer ☐ Family Member Name:

JOINT OWNER DESIGNATION AND PAYABLE ON DEATH (POD) DESIGNATIONS (OPTIONAL)

Contact the Credit Union if you do not wish the same ownership setup or wish more than 1 signature required to transact on any or all accounts

Complete address and phone number sections only if different from Primary member listed above

Jt. owner name (1):
Address:
SSN: Date of Birth: Phone#
Jt. owner name (2):
Address:
SSN: Date of Birth: Phone#
Jt. owner name (3):
Address:
SSN: Date of Birth: Phone#
POD Name (1):
Address:
SSN: Date of Birth: Phone#
POD Name (2):
Address:
SSN: Date of Birth: Phone#

CHECKING ACCOUNT TYPE & SERVICES ELECTION (VISA / ATM CARDS & OVERDRAFT PROTECTION)

Complete the following section if you wish to establish a new checking account:

Account Type: ☐ Free Checking ☐ Regular Checking ☐ Interest Checking ☐ ATM Share
☐ I would like to apply for a Visa Check Card that will also serve as my ATM Card. (must have checking)
☐ I would like to apply for a ATM card only

If joint owner(s) are applying for a Visa check card or ATM card, Please provide the following:

Name: Drivers License #/State
Name: Drivers License #/State

Overdraft protection from: ☐ NONE ☐ Regular Shares (limited to 3 auto. Transfers per month)
☐ Overdraft loan Note: If you haven't already applied, complete the enclosed app. or visit www.lmfcu.com
Transfer priority: ☐ Shares 1st/loan 2nd ☐ Loan 1st/shares 2nd

OTHER SERVICE INFORMATION AND REQUEST (OPTIONAL)

☐ **Certificate accounts only:** Term In Months: _____
Pay dividends to: ☐ Certificate ☐ Transfer to shares ☐ Mail check (\$5,000 min. bal. Required)

☐ **Moneymover Funds Transfer** to electronically transfer funds from the Credit Union to a checking account in your name at any other financial institution in the United States (**PLEASE SUBMIT A VOIDED CHECK WITH THE APPLICATION**)

Receiving bank account information

Financial Institution Name: _____ Routing/Transit #: _____
Account Number: _____ Account type: (saving or checking) _____

Please provide additional information about the services indicated below:

- ☐ Touch Tone Teller = Automated telephone system available 24 hours a day
☐ Internet Bill Pay= Paying bills over the internet (fees applied, ask for details)
☐ Internet Branch= Accessing your account(s) over the internet.
☐ New loan (specify): _____

PAYROLL DEDUCTION AND DIRECT DEPOSIT REQUEST (OPTIONAL)

Please provide the necessary forms or instructions to sign up for automatic deposits of my payroll:

(The following is for Lockheed Martin and MRAS employee's only, all others must contact their payroll center)

- ☐ Lockheed Martin Lakeland employees only: signup directly through LM People (call for instructions)
☐ Payroll deduction of: \$ _____, fixed amount to be deposited each pay into the account(s) designated below:

All Members: Complete the following section if you are signing up for payroll deductions:

Please allocate my total payroll deduction (listed above) as follows:

Account Type: Primary Sav.	Amount: _____	Account Type: _____	Amount: _____
Account Type: _____	Amount: _____	Account Type: _____	Amount: _____

☐ Direct Deposit of your entire net pay to: ☐ Checking ☐ Shares

All Lockheed Martin Employees: please indicate the name of your division and payroll center below:

If needed, payroll forms or sign-up instructions will be sent to you for your signature.

Division Name: _____ Payroll Center: _____

AUTHORIZATION (THE PRIMARY AND JOINT ACCOUNT OWNERS LISTED ABOVE MUST SIGN BELOW)

I/we hereby apply for membership in LM Federal Credit Union. By signing below, I/we agree to the terms and conditions of the Credit Union's by laws, Membership and Account Agreement, Truth-in Savings Rate & Fee schedule, Funds Availability Policy, Electronic Funds Transfer Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of the agreements, disclosures and policies listed above applicable to the accounts and services requested herein.

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

Checking accounts and access cards: The undersigned hereby apply for an ATM or Visa Check access card and certify that the information provided is true and correct and authorize the Credit Union to verify it, obtain information about my/our deposit history, and furnish such information to others. I/we authorize the Credit Union to obtain consumer credit reports in connection with this application and for any update, renewal or reconsideration required. You may request the name, address and phone number of any credit bureau from which the Credit Union received a consumer report on you.

I/we authorize the Credit Union to establish new sub-accounts of any type within this account number per our verbal authorization at any time. Our signature(s) represent our continuing authorization for us to do so and we agree that this continuing authorization will remain in effect unless the Credit Union receives written notice to the contrary.

New accounts authorized verbally will be owned in the same ownership method as designated on the primary share account. Accounts opened by verbal authorization may be closed without penalty within 10 days of opening.

Primary Member Signature: x _____ Date: _____

Joint Owner Signature (1): x _____ Date: _____

Joint Owner Signature (2): x _____ Date: _____

Joint Owner Signature (3): x _____ Date: _____

*****FOR CREDIT UNION USE ONLY*****

Membership Officer Approval: _____ Date: _____

Mbr. Info. given or mailed by: _____ Date: _____

ID verification method: _____ Initials: _____ Date: _____