## 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 t	hat apply:	Primary S	Shares (required to activate	e membership - \$25 minim							
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:											
Seconda		Checking									
				HOLDING INFORMATI	ON (MAND	DATORY)					
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											
	PR	RIMARY MEI	MBER APPLICATION /	AND INFORMATION (M	<b>1ANDATOF</b>	RY)					
The Prima	ry account c	owner must o	complete the following i	information:							
Full Name:	:				Miss	Mrs.	🗖 Mr.				
Address:											
	Number	Street	A	pt. City	í	State	Zij				
Social Sec	-			Date of Birth:							
Drivers Lic	ense# and \$	State:		Employee/E	3adge #						
Day Telepl	hone #:			Night Telephone #:							
Employer /	Division:			E-mail address:							
Membersh	ip Eligibility	by:	Employer	Family Member I	Name:						
	INT OWNEI	R DESIGNA	TION AND PAYABLE (	ON DEATH (POD) DES	IGNATION	IS (OPTION	AL)				
-				r wish more than 1 signature re		•	,				
				nly if different from Primar		-					
Jt. owner	•			,							
Address:											
SSN:			Date of Birth:		Phone#						
Jt. owner	name (2) <sup>.</sup>										
Address:											
SSN:			Date of Birth:		Phone#						
Jt. owner	namo (3):		2010 01 21111								
Address:											
SSN:			Date of Birth:		Phone#						
	o /4):		Date of Diftin.		1 HOHE#						
POD Name	e (1):										
Address:			Data of Dirthy		Dhanat						
SSN:	(0)		Date of Birth:		Phone#						
POD Name	e (2):										
Address:											
SSN:			Date of Birth:		Phone#						
CHE	ECKING ACC	OUNT TYPE	& SERVICES ELECTION	N (VISA / ATM CARDS &	OVERDRAF	T PROTECT	ION)				
Complete th	e following s	ection if you v	vish to establish a new ch	necking account:							
Aco	count Type:		-	0	Interest Chec	0	ATM Share				
	I would like to apply for a Visa Check Card that will also serve as my ATM Card. (must have checking)										
			a ATM card only								
Nome	if joint own	er(s) are app		ard or ATM card, Please	provide the	e rollowing:					
Name:			Drivers License #/State								
Name:			Drivers License #/State								

Overdraft protection from:		NONE	Regular Shares	(limited to 3 auto	o. 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/l	oan 2nd	Loan 1st	/shares 2nd							
OTHER SERVICE INFORMATION AND REQUEST (OPTIONAL)											
Certificate accounts only:	Term I	n 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 infor	rmation										
Financial Institution Name:				ting/Transit #:							
Account Number:			Account type: (saving								
Please provide additional information about the services indicated below:											
Touch Tone Teller =			stem available 24 hours	-							
Internet Bill Pay= Internet Branch=			net (fees applied, ask s) over the internet.	for details)							
New loan (specify):	Accessing yo		s) over the internet.								
			T DEPOSIT REQUE	ST (OPTION	AI )						
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: \$					ount(s) designated below:						
All Members: Complete the following section if you are signing up for payroll deductions:											
Please allocate my total payroll de											
Account Type: Primary Sav.	Amount:		Account Typ	e:	Amount:						
Account Type:	Amount:		Account Typ		Amount:						
			<b>,</b> 1								
Direct Deposit of your	entire net pa	y to:	Checking		Shares						
Direct Deposit of your All Lockheed Martin Employees:											
	please indica	te the nam	e of your division an	d payroll cente							
All Lockheed Martin Employees: p	please indica	te the nam	e of your division an	d payroll cente nature.							
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