

LM FEDERAL CREDIT UNION  
COMBINED MEMBERSHIP APPLICATION

101 Chesapeake Park Plaza Baltimore, MD 21220  
410-687-5240 800-410-0501 fax 410-687-1322

Check all that apply:  Primary Shares (required to activate membership - \$25 minimum required to open)  
 Secondary Shares  Checking  Holiday Club  Money Market  Certificate  Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING 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

Full Name: \_\_\_\_\_  Miss  Mrs.  Mr.  
Mailing Address: \_\_\_\_\_  
Physical Address: (if different) \_\_\_\_\_  
Social Security No. \_\_\_\_\_ 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: \_\_\_\_\_  
Sign Up for E-Statements:  Yes  No

JOINT OWNER DESIGNATION AND PAYABLE ON DEATH (POD) DESIGNATIONS

Contact LMFCU 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

Primary Share only  Checking only  Share & Checking  All Accounts  \_\_\_\_\_

Jt. owner name (1): \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Share only  Checking only  Both Share & Checking  All Accounts \_\_\_\_\_

Jt. owner name (2): \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Share only  Checking only  Both Share & Checking  All Accounts \_\_\_\_\_

Jt. owner name (3): \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Share only  Checking only  Both Share & Checking  All Accounts \_\_\_\_\_

POD Name (1): \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Share only  Checking only  Both Share & Checking  All Accounts \_\_\_\_\_

POD Name (2): \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

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

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 6 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**

**Certificate accounts**

Term In Months: \_\_\_\_\_

Pay dividends to :       Certificate       Transfer to shares       Mail check (\$5,000 min. bal. Required)

**Money mover Funds Transfer** to electronically transfer funds from shares to an account in your name at another bank 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. (fee applied, ask for details)
- Online Banking = Accessing your account(s) over the internet.
- Mobile Banking = Accessing your account(s) over a smart phone
- Email Updates = Receive biweekly emails about current promotions and new services.
- New loan (specify): \_\_\_\_\_

**PAYROLL DEDUCTION AND DIRECT DEPOSIT REQUEST**

**Please provide the necessary forms available 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: sign up directly through LM People
- 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:

Account Type:	Amount:	Account Type:	Amount:
Account Type:	Amount:	Account Type:	Amount:
<input type="checkbox"/> Direct Deposit of your entire net pay to:		<input type="checkbox"/> Checking <input type="checkbox"/> Shares	

**AUTHORIZATION**

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 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.

**Please include a legible copy of your State Issued Driver's License, State ID Card or U.S. Passport.**

**Primary Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (3):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Membership Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

ID verification method: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

OFAC verified by: \_\_\_\_\_ Date: \_\_\_\_\_