

- 1.** To open an account with Direct Deposit, complete the attached form (on back).
- 2.** Joint Owners must submit a copy of their photo I.D. at time of application.
- 3.** Forward completed application to Metro via one of these 4 options:
 - a) eFax: 617-488-5429
 - b) Navigate to: metrocu.org/secure and follow prompts to email application securely.
 - c) Mail to: Metro Credit Union
200 Revere Beach Parkway
Chelsea, MA 02150
Att: Deposit Operations/SEG Services
 - d) Visit one of Metro's branch locations.
- 4.** Metro will open your account and mail your new account number to you.

PLEASE COMPLETE APPLICATION ON BACK



MEMBER APPLICATION

Membership <input type="checkbox"/> Single <input type="checkbox"/> Joint	ACCOUNT NO.		
	NAME (PRINT)		
	STREET		
	CITY	STATE	ZIP
	E-MAIL ADDRESS		
	SOCIAL SECURITY NO.		DATE OF BIRTH
	HOME PHONE	CELL PHONE	WORK PHONE
ChexSystems	MOTHER'S MAIDEN NAME	EMPLOYER/STATE AGENCY	
SIGNATURE		DATE	
Joint Information (Photo copy of I.D. required to add joint owner to account.)	ACCOUNT NO.		
	NAME (PRINT)		
	STREET		
	CITY	STATE	ZIP
	E-MAIL ADDRESS		
	SOCIAL SECURITY NO.		DATE OF BIRTH
	HOME PHONE	CELL PHONE	WORK PHONE
ChexSystems	MOTHER'S MAIDEN NAME	EMPLOYER/STATE AGENCY	
SIGNATURE		DATE	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/We hereby make application for membership in Metro Credit Union. I/We hereby agree to the By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. I/We acknowledge receipt of the Truth In Savings Agreement, Fee Schedule and applicable Account Disclosures and agree to be bound by the terms and conditions set forth therein, as may be amended from time to time. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, ChexSystems. In order to comply with the Fair Credit Reporting Act and other consumer reporting laws (both federal and state) we must notify you of the following: a consumer report may be requested from a credit reporting agency, relative to its file background information. I/We also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, I/We certify that the information on the Application is true, correct and complete and I/We certify that the number shown on this application is my/our correct taxpayer identification number and that I/We are not subject to backup withholding due to under reporting. If applying for an ATM/Debit Card(s), I/We understand that the use of Metro Credit Union's ATM/Debit Card is governed by the terms and conditions set forth in the cardholder agreement and hereby agree to the bylaws, rules and regulations of Metro Credit Union, those now in force and any which may be hereafter adopted.



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Enter Deduction Amounts:

I HEREBY AUTHORIZE MY EMPLOYER TO: <input type="checkbox"/> START DEDUCTION <input type="checkbox"/> CHANGE DEDUCTION <input type="checkbox"/> STOP DEDUCTION	I AM PAID: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> My Reward Checking \$	<input type="checkbox"/> Christmas Club \$	IRA Savings \$ <input type="checkbox"/> Roth <input type="checkbox"/> Traditional <input type="checkbox"/> Education
		<input type="checkbox"/> My Reward Savings \$	<input type="checkbox"/> Vacation Club \$	
		<input type="checkbox"/> Savings Account \$	Annual Disbursement from Club Account:	
		<input type="checkbox"/> Free Checking \$	<input type="checkbox"/> Transfer to Checking <input type="checkbox"/> Transfer to Savings	
<input type="checkbox"/> Other \$				

Indicate your choice of ATM or Debit Card:

Yourself: <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card	ATM or Debit Card PIN Selection Your pin number may consist of (4) numbers or letters or a combination of both except for the letters Q and Z. You will not be able to complete your transaction without using this number so please choose one that is easy for you to remember. Notify the Credit Union as soon as possible to report a lost or stolen card.	NAME 1: (INDIVIDUAL MEMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NAME 2: (JOINT MEMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Joint Member: <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card			

THIS FORM WILL BE SENT BACK TO YOU WITH A DIRECT DEPOSIT FORM TO BE GIVEN TO YOUR EMPLOYER



Metro's Routing & Transit Number: 211381990

EMPLOYEE NAME	EMPLOYEE #
METRO ACCOUNT #	

I HEREBY AUTHORIZE MY EMPLOYER TO START DEDUCTIONS

THE TOTAL AMOUNT TO BE DEDUCTED FROM MY PAY IS: NET PAY OR \$:

SIGNATURE	DATE
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PAYSTUB INFORMATION (IF APPLICABLE):

DIV.	LOC.	DEPT.	CLASS