



MUNICIPAL EMPLOYEES CREDIT UNION  
 OF OKLAHOMA CITY  
 101 N. Walker Ave.  
 Oklahoma City, OK 73102  
 (405) 813-5500 • (405) 297-2981  
 www.mecuokc.org

**ACCOUNT / SIGNATURE CARD**

**ACCOUNT TYPE**

<input type="checkbox"/>	Share Savings	<input type="checkbox"/>	Money Market
<input type="checkbox"/>	Share Draft/Checking	<input type="checkbox"/>	IRA
<input type="checkbox"/>	Share Certificate/Certificate	<input type="checkbox"/>	Other _____

**TIN CERTIFICATE AND BACKUP WITHHOLDING INFORMATION**

By signing below, I certify in accordance with the IRS W-9 form instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN), Taxpayer Identification Number (TIN) shown is my/the correct identification 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 a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

<input type="checkbox"/>	I am subject to backup withholding	<input type="checkbox"/>	I am not a United States citizen or resident alien Complete W8BEN or W8BENE
<input type="checkbox"/>	Exempt		

**MEMBER APPLICATION AND INFORMATION**

		ACCOUNT NO.	<input type="text"/>
Member	_____	SSN/TIN	_____
Street	_____	Driver's Lic No	_____
City/State/Zip	_____	Date of Birth	_____
Home Phone	_____	Mother's Maiden Name	_____
Work Phone	_____	Email	_____
Employment & Occupation	_____	Eligibility for Membership	_____

**AUTHORIZATION**

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provisions on this document other than the certificates required to avoid backup withholding. In addition, by signing this form you authorize MECU to inquire as to your individual credit by pulling a credit bureau report and/or to contact TeleCheck.

_____ Signature (1)	_____ Date	_____ Signature (3)	_____ Date
_____ Signature (2)	_____ Date	_____ Signature (4)	_____ Date

**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> Overdraft Protection (indicate transfer priority ( _____ ) ) <input type="checkbox"/> Other	<input type="checkbox"/> ATM Card <input type="checkbox"/> Visa Check Card <input type="checkbox"/> Other EFT Service ( _____ )
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**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

<input type="checkbox"/> Joint Owner with Rights of Survivorship	<input type="checkbox"/> Payable On Death	<input type="checkbox"/> Beneficiary
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<b>Account Owner (2)</b>	SSN/TIN
Street	Driver's Lic No
City/State/Zip	Date of Birth
Home Phone	Work Phone
Mother's Maiden Name	

<b>Account Owner (3)</b>	SSN/TIN
Street	Driver's Lic No
City/State/Zip	Date of Birth
Home Phone	Work Phone
Mother's Maiden Name	

<b>Account Owner (4)</b>	SSN/TIN
Street	Driver's Lic No
City/State/Zip	Date of Birth
Home Phone	Work Phone
Mother's Maiden Name	

**FOR CREDIT USE ONLY**

Date of Membership	Member Verification
Opened By	Approved By
PIN Request	Credit Report
Check Verify	Denial