



MEMBERSHIP APPLICATION & MASTER ACCOUNT AGREEMENT

Type of Action NEW ACCOUNT	Member Group SYIP -	Account Number
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I hereby make application for membership in Educational Federal Credit Union (Credit Union) and agree to subscribe to at least one share.

First Name		Middle Name/Initial		Last Name	
SSN/ITIN		Date of Birth (mm/dd/yyyy)		Mother's Maiden Name	
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address		
Mailing Address			City	State	Zip Code
Physical Address (if different from mailing address)			City	State	Zip Code

I authorize the following shares and services to be opened:

- SAVINGS**
 CHECKING
 ATM CARD
 DEBIT CARD
 ONLINE BANKING

(Checking Account required)

MEMBERSHIP QUALIFICATION

I hereby certify that the information regarding my membership eligibility provided on this form is true and correct. I understand that my membership is contingent upon satisfactory verification of my eligibility in accordance with the Credit Union's Charter and of my identity in accordance with the USA PATRIOT Act. I further understand my member account is nonassignable and nontransferable to third parties.

I am <input type="checkbox"/> employed by or <input type="checkbox"/> retired from: <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> UTD <input type="checkbox"/> Other	I am a student of: <input checked="" type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> Other	I am a member of the PTA/PTSA: _____ Unit Name	I am the immediate family member of, or share a household with, the following individual within the Credit Union's field of membership: Sponsor's Name: _____ Relationship to Sponsor: _____ Sponsor's Eligibility: _____
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SCHOOL / EMPLOYMENT INFORMATION

Employee ID # / Student ID#	Name of School
Employer	Occupation

By my signature below, I hereby authorize the Credit Union to establish a master member account for me and to open the shares and services I have indicated above. I hereby authorize the Credit Union to perform a credit check or obtain a credit report at any time. I further authorize the Credit Union to debit \$5.00 from my first deposit to activate my membership. I agree to conform to the Credit Union's bylaws, and understand and agree that I and my account(s) with the Credit Union are subject to the separate Account Terms & Disclosures, Service Fee Schedule, and Electronic Funds Transfer Disclosure, and any future amendments thereof, all of which are fully incorporated by reference herein.

CERTIFICATION: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of failure to report all interest or dividends, or (iii) after being so notified, the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). **INSTRUCTIONS:** If you have been notified by the IRS that you are subject to backup withholding you must cross out item (2). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date Signed
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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.

FOR CREDIT UNION USE ONLY

Identification Type DL #: <input type="checkbox"/> / State ID: <input type="checkbox"/> / Other: <input type="checkbox"/> Specify: _____		
Identification Number	ID Issue Date (mm/dd/yyyy)	ID Expiration Date (mm/dd/yyyy)
Proof of Address (If different from address listed on Identification)	For Non-US Persons Only: Country of Citizenship	
Name of Employee verifying applicant's Identification and/or Social Security Card Print Name: _____ ID <input type="checkbox"/> and SS <input type="checkbox"/>		Branch/Department
		Date
Initial Deposit Amount \$ _____	Notes	

FOR BACK OFFICE USE ONLY

TeleCheck #: _____	OFAC completed by Name and Teller #: _____
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