Marriott EMPLOYEES' FEDERAL CREDIT UNION

Building Relationships That Last A Lifetime

Club And Secondary Share Account Application And Agreement

Please mail your completed application to:
PO Box 6006
Bethesda, MD 20827-6006
(800) 821-7280
or fax the application to: (301) 634-5103

MEFCU Membership is required to establish a Club or Secondary Share account. If you are not already a member, please submit a completed membership application. Visit www.mefcudirect.com for an application.

MEFCU Membership Account #_____

Please select the account type you are opening (Please use a separate application for each account):

_____ Holiday Club _____ Vacation Club _____ College Club
_____ Winter Club _____ Secondary Share Account

All account owners must fill out this section. Please print clearly.

Primary Owner Information

_____
Name (First, Middle, Last)

_____
Home address Apt#

_____
City, State, Zip Date of Birth (MM/DD/YYYY)

_____
Home Phone Work Phone E-mail Address

_____
Social Security Number Drivers License Number

Joint Owner Information (If Applicable)
A copy of valid government-issued photo identification is required if you are not already joint on the primary membership account.

_____
Name (First, Middle, Last)

_____
Home address Apt#

_____
City, State, Zip Date of Birth (MM/DD/YYYY)

_____
Home Phone Work Phone E-mail Address

_____
Social Security Number Drivers License Number

INITIAL DEPOSIT TO OPEN YOUR ACCOUNT:

If you are making an initial deposit into your account, please check one or more of the boxes below.

❑ I have enclosed $_____ to open my account. OR I authorize MEFCU to transfer $ _____from my MEFCU _____ Account.

Please see your Human Resources Department for a direct deposit authorization form to set up regular deposits to your account(s). If you need assistance obtaining or completing a direct deposit form, please contact us. MEFCU's routing and transit number is 255083597.

ACCOUNT AGREEMENT: ***(A signature is required from all applicants)***
I/We agree that this account will be subject to the terms of the Truth in Savings Disclosure, Schedule of Account Fees, and Funds Availability Disclosure. I/We acknowledge receipt of these disclosures and agree to their terms and conditions. Nothing in this Agreement shall be deemed to annul, limit or in any way modify any other obligation or relationship I may have with the Credit Union now or hereafter.

_____ _____ _____ _____
Signature of Primary Owner **Date** **Signature of Joint Owner** (if applicable) **Date**

For Credit Union Use Only

Opened By: _____ Operator Number _____ Date: _____

Federally insured by the NCUA

Rev 1/2012