

# An Owner's Guide to Joining

It's easy to join Fitchburg ME Federal Credit Union. Just follow these simple step-by-step instructions:

1. Fill out the Membership Savings Account Signature Card. Please print clearly — and note that you can also open a Checking Account and sign up for a ATM/Debit VISA®, ME Touch Tone Teller (Audio Response); Home Financial Services (Home Banking) and e-Statement (e-mail statement) by marking the boxes for the services that you want. You must also sign and date where applicable.
2. Complete the Tax Identification Number Certification.

## Now You're Ready to Submit Your Application...

See the final steps on the other side... and get ready to enjoy the benefits of member/ownership at Fitchburg ME Federal Credit Union!



### LOCATIONS

#### MAIN OFFICE

65 North Street  
Fitchburg, MA 01420  
Telephone: (978) 342-1827  
Toll Free: (877)-488-1827  
FAX: (978) 343-6009

24 Hour Telephone Teller: (978) 665-9057  
www.fitchburgmefcu.com  
Email: info@fitchburgmefcu.com

Website with access to  
**HOME FINANCIAL SERVICE**  
www.fitchburgmefcu.com

**ME TOUCH TONE TELLER**  
(978) 342-1827  
Out of Area (877) 488-1827

**HOURS OF OPERATION**  
Mon - Fri.: Lobby 8:30 AM - 4:30 PM  
Drive-up: 8:15 AM - 4:30 PM

**Fitchburg High School Office:**  
Mon, Wed., Fri.: 9:30 AM - 12:30 PM  
(School Days Only)

#### 24/7 LOAN CENTER

1-877-310-mony  
or  
www.fitchburgmefcu.com



## My Membership Savings Account

Owner(s) Account(s) shall be (check one):

- Individual Account  Joint Account

In addition, I request:  Checking Account  ATM/Debit VISA®

- ME Touch Tone Teller  Home Financial Services  eBillPay  e-Statement

### 1. Share/Savings Account Agreement

I/We hereby agree to By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. In accordance with Section 326 of the USA Patriot Act, you authorize us to verify and record information that identifies each person who opens an account. You further authorize us to check your account, credit, and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for any account or services you request. I/We therefore subscribe for at least one share and, under penalties of perjury, I/We certify that the information on this Application is true, correct, and complete. I/We also agree to the regulations governing use of a negotiable order to withdraw. I/We, therefore subscribe to at least one share. Under penalties of perjury, I/We certify that the information on this Application is true, correct, and complete.

The Fitchburg ME Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this agreement in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with Fitchburg ME Federal Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, together with the proceeds of any insurance on said account, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them, or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s). The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the savings in this account as collateral security for a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to and consent of the Credit Union which shall not affect transactions theretofore made. I understand and agree that the Patriots' Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

Name		Soc.Sec.No.	
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Address	City	State	ZIP
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Permanent Address	City	State	ZIP
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States lived in (last five years)	Driver's License Number
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Home Phone No.	Work Phone No.	Birth Date	Mother's Maiden Name
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E-mail Address	Cell Phone
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Eligibility	Birthplace
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Place of Employment
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Joint Owner Name (if applicable)	Soc. Sec.No.	Date of Birth
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Name	Soc.Sec.No.
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Address	City	State	ZIP
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Permanent Address	City	State	ZIP
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States lived in (last five years)	Driver's License Number
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Home Phone No.	Work Phone No.	Birth Date	Mother's Maiden Name
----------------	----------------	------------	----------------------

E-mail Address	Cell Phone
----------------	------------

Eligibility	Birthplace
-------------	------------

Place of Employment
---------------------

Joint Owner Name (if applicable)	Soc. Sec.No.	Date of Birth
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Address	City	State	ZIP
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Permanent Address	City	State	ZIP
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States lived in (last five years)	Driver's License Number
-----------------------------------	-------------------------

Home Phone No.	Work Phone No.	Birth Date	Mother's Maiden Name
----------------	----------------	------------	----------------------

E-mail Address	Cell Phone
----------------	------------

Eligibility	Birthplace
-------------	------------

Place of Employment
---------------------

I have enclosed \$ \_\_\_\_\_ to deposit into my Savings Account.

### 2. Checking Agreement with Overdraft Protection

- Individual Account  Joint Account

I have enclosed \$ \_\_\_\_\_ to deposit into my Checking Account.

**Check Order** Please print this on my checks

Name(s)
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Address	City	State	Zip
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Phone
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Style Cover
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Check Style
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I/We hereby authorize the credit union to establish this Checking Account for me/us. The credit union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

- (a) Only over-the-counter checks and other methods approved by the credit union may be used to make withdrawals from this Account..
- (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in the account.
- (c) **The Credit Union may, however, pay such a check and transfer shares to this Account in the amount of the resulting overdraft.**
- (d) The Credit Union will pay a check on whatever day it is presented for payment.
- (e) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of the account or otherwise.
- (f) Except for negligence, the Credit Union is not liable for any action it takes regarding payment or nonpayment of a check.
- (g) Any objection respecting any time shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (h) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- (i) This account is also subject to such other terms, conditions, and service charges (if applicable) as the Credit Union may establish from time to time.
- (j) If this Agreement is signed by more than one person, the persons signing shall be the joint owners of this Account which, in that event shall be subject to any and all additional terms and conditions.

### 3. Overdraft Line of Credit

- I am interested in having an overdraft line of credit protection. \_\_\_\_\_ Limit Requested

Gross Income Per Month	Mortgage or Rent Per Month
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**Your Income; Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not want it to be considered as a basis for repaying the loan.**

Consumer reports (credit reports) will be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Approved Limit	Loan Officer Signature	Date
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### 4. ATM / Debit VISA®

- Debit VISA® PIN #

*In order to issue a card to either signer of a joint account, both owners must sign at the end of this agreement.*

I/we agree to abide by the terms of the electronic funds transfer and cardholders agreement in the Membership Agreement & Disclosure provided to me/us separately by the Credit Union.

Consumer reports (credit reports) will be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Loan Officer Signature	Date
------------------------	------

## 5. Home Financial Services

Account #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

This is considered a secured site.

You can access this service through our web page: [www.fitchburgmefcu.com](http://www.fitchburgmefcu.com)  
 NOTE: YOU MUST HAVE INTERNET EXPLORER 5.0 OR HIGHER OR NETSCAPE 4.0 & HIGHER!!

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Go to [www.fitchburgmefcu.com](http://www.fitchburgmefcu.com)

- Home Financial Services Login
  - My Account
  - Log in with your account number on your statement and the password is
    - PIN #
- (Must be 5-10 Characters)

## 6. eBill Pay

Account #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

This is considered a secured site.

You can access this service through our web page: [www.fitchburgmefcu.com](http://www.fitchburgmefcu.com)  
 NOTE: YOU MUST HAVE INTERNET EXPLORER 5.0 OR HIGHER OR NETSCAPE 4.0 & HIGHER!!

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Remote Services

### ME Touch Tone Teller (Audio Response)

PIN #     (Must be 4 numbers)

### e-Statement<sup>sm</sup> Complete e-mail address on front of card

I request that Fitchburg ME Federal Credit Union discontinue sending my statement via U.S. Postal Service. I understand that my electronic statement information will be made available to me via the Internet through a secure user code/password login authentication.

You will receive confirmation once your account is set up for e-statement via e-mail and additional notification each month when your new statement is available for viewing. Your case sensitive password will be determined by you upon completing the sign-up application.

I also understand that it is my responsibility to update my e-mail address through the e-Statement site should it change.

### E-mail Notification Complete e-mail address on front of card

I would like to receive e-mail notification of Fitchburg ME Federal Credit Union's products or services. I understand that it is my responsibility to inform the credit union of any changes in my e-mail address.

## Signatures

### IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

**Certification Instructions:** Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

#### TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct taxpayer identification number; and
2. That I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
3. I am either a U.S. citizen or a U.S. resident alien.

I hereby make application for membership in the Fitchburg ME Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I have read this brochure and all other applicable agreements and disclosures and I understand and agree to abide by the terms and conditions included and referenced in them as applicable to the accounts and services I have requested from the credit union.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Joint Owner Signature (if applicable)

#### CREDIT UNION USE ONLY

- See Account Change Card  See Insurance Beneficiary Card

Loan App'd By \_\_\_\_\_ \$ Amount App'd \_\_\_\_\_

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

- Credit Report  Check Verify  PIN Request  Photo or other Government ID  
 Access Card  Audio Response  Internet Banking

## Remote Services

- Convenient, secure, and free
- **ME Touch Tone Teller**
  - Access your accounts 24/7 via phone
- **Home Financial Services**
  - Get real-time balances... and more
- **e-Statement**
  - Receive your statements via email

## When You Submit Your Application....

You may submit your application in person at the Fitchburg ME Federal Credit Union office.

- Make an opening deposit of \$5.00 or more for your Membership Savings Account.
- If you are opening a Checking Account when you join, make an additional opening deposit for this account.
- Make your check or money order payable to Fitchburg ME Federal Credit Union. PLEASE DO NOT MAIL CASH.

**Important...** Be sure to bring an enlarged photocopy of a valid photo ID, such as a valid driver's license, passport or state ID.

**Double-check your application to make sure:**

- ALL sections are correctly filled out.
- Signatures have been included where requested... look for the large X.
- Back side initialed stating receipt of disclosures.

*That's all there is to it ...*

**Welcome to Fitchburg ME Federal Credit Union!**



**Fitchburg**  
 ME Federal Credit Union

65 North Street  
 Fitchburg, MA 01420