

MEMBERSHIP APPLICATION INSTRUCTIONS



MEMBERSHIP APPLICATION

To open an account, complete the Membership Application.
Forward completed application to Metro via one of these four options:



eFAX

617.830.0634



SECURE EMAIL

First, print this application, fill out your information, and sign the form.

Then scan the completed form and save the file on your computer.

You'll then need to request a secure email.

GO TO:

<https://www.MetroCU.org/Secure> and follow the steps.



MAIL (USPS)

Metro Credit Union
200 Revere Beach Parkway
Chelsea, MA 02150
Att: Deposit Operations/
SEG Services



DROP OFF

Visit any of Metro's branch locations and drop off your completed application.

Metro will open your account and mail your new account number to you.

QUESTIONS?



Email Metro at
Payroll@MetroCU.org



Call 877.MY.METRO (696.3876)
extension 7555, option 5



MetroCU.org
877.MY.METRO (696.3876)

4072A 03/20

ACCOUNT NO. (Provided by Metro Credit Union)		
NAME (PRINT)		
STREET		
CITY	STATE	ZIP
EMAIL ADDRESS		
SOCIAL SECURITY NO.		DATE OF BIRTH
HOME PHONE	CELL PHONE	WORK PHONE
MOTHER'S MAIDEN NAME	EMPLOYER/STATE AGENCY	
SIGNATURE		DATE
MEMBERSHIP: <input type="checkbox"/> Single <input type="checkbox"/> Joint		
DEBIT CARD: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Photo copy of I.D. required to add joint owner to account.		
JOINT NAME (PRINT)		
STREET		
CITY	STATE	ZIP
E-MAIL ADDRESS		
SOCIAL SECURITY NO.		DATE OF BIRTH
HOME PHONE	CELL PHONE	WORK PHONE
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. 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 agree to be bound by the terms and conditions set forth therein as may be amended from time to time of the Truth In Savings Agreement, Fee Schedule and applicable account disclosures. I/We understand that these disclosures (as applicable) will be delivered to me once my membership has been opened, and I/We may obtain a copy of these disclosures at any branch location, or on the Metro website. 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 Membership Application is true, correct and complete and I/We certify that the number shown on this Membership Application is my/our correct taxpayer identification number(s) and that I/We are not subject to backup withholding due to under reporting. If applying for an Debit Card(s), I/We understand that the use of Metro Credit Union's Visa® Debit Card is governed by the terms and conditions set forth in the cardholder agreement.



Federally insured by NCUA. Member MSIC.



EMPLOYEE TRANSFERS

I HEREBY AUTHORIZE MY EMPLOYER TO:

- START** Transfer **CHANGE** Transfer **STOP** Transfer

I AM PAID:

- Weekly Bi-Weekly Semi-Monthly Monthly

ENTER TOTAL TRANSFER AMOUNTS

- \$ _____ To My Reward Checking
 \$ _____ To Free Checking
 \$ _____ To My Reward Savings
 \$ _____ To Regular Savings
 \$ _____ Loan Payment
 \$ _____ To Christmas Club
 \$ _____ To Vacation Club

Annual Disbursement from Club Account

- Transfer to Checking Transfer to Savings

Transfer Amounts for IRA

- \$ _____ To IRA Savings
 \$ _____ To Roth IRA
 \$ _____ To Traditional IRA

EMPLOYEE MUST COMPLETE BOTH FORMS



EMPLOYER DIRECT DEPOSIT

Metro Routing and Transit Number: 211381990

Employee: _____

Employer: _____

Metro Account #: _____

- Savings Checking

NEW MEMBER DIRECT DEPOSIT

I hereby authorize my employer to start transfers as follows:

The total amount to be deducted from my paycheck is \$ _____

- OR** Please deposit my paycheck in full

SIGNATURE: _____

Date: _____

EXISTING MEMBER DIRECT DEPOSIT CHANGES

I hereby authorize my employer to start/change transfers as follows:

The total amount to be deducted from my paycheck is \$ _____

- OR** Please deposit my paycheck in full

SIGNATURE: _____

Date: _____

PAYSTUB INFORMATION (IF APPLICABLE)

DIV		LOC			DEPT				CLASS			

EMPLOYEE MUST COMPLETE BOTH FORMS