ACCOUNT APPLICATION



Checking	E-Checking	Savings	HSA Checking	HSA Savings	
Account Owner Inf	ormation				
Last Name		First Name		M.I.	
Physical Address		Mailing Ad	Mailing Address (if different from physical) Apt. #		
City		State, Zip		County	
Phone Number		Email (requ	Email (required for online banking and e-checking)		
Employer		Employer C	Employer City Employer State		
Social Security Number		Date of Bir	Date of Birth		
Driver's License or State I.D. Nu	umber	State	Issue Date	Expiration Date	
Pay on Death Designation Name (Optional)		Social Secu	rity Number	Date of Birth	
SIGN ROTH DI ACE	S INDICATED BY ARROWS.				
Membership Agreem					
Mid American Credit Union is authorized to recognize any signature on the application in the transaction of any business on this account. The signer(s) agrees to the terms stated on this contract.			Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification		
I (we) apply for membership in this credit union, agree to follow its by-laws and amendments and subscribe for at least one share. is membership agreement applies to the accounts indicated. I (we) authorize the credit union to investigate my (our) credit and request that the credit union issue me (us) a PIN (personal identication number) to access my (our) account and the MATT Audio Response System. e credit union will mail a fee schedule, a copy of the terms and conditions applicable to each listed account, and the Funds Availability, Electronic Fund Transfer, Truth in Savings Disclosures and Privacy Notice within twenty days.			number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) 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).		
Please read Membership Agreement BEFORE signing: Signature			Instructions: Cross out item 2 above 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.		
/		2 Sig	2 Signature		
	a Board Evacutive Committee or Mambars				
	e Board, Executive Committee, or Members E				