

MARKET USA MEMBERSHIP FORM

- I'm a New Member.** Welcome! Please complete the form below. Questions? Contact us at memberservices@marketusafcu.com or 800.914.4268.
- I'm an Existing Member.** Welcome back! Looking to open an additional account? Visit marketusafcu.com, register for Internet Banking, and easily open your new account with the click of a button. Otherwise, please complete the form below to add additional services and/or account owners.

Tell Us About Yourself:

Name (Last, First, MI; please print):		Street Address		City	State	Zip
Driver's License No.	State	Issue Date	Exp. Date	Social Security Number		Date of Birth
Home Phone Number	Cell Phone Number		Work Phone Number	Email Address		
<input type="checkbox"/> I live in SC, NC, TN or GA and would like a complimentary membership to American Consumer Council (ACC) Carolina Chapter to enable me to join Market USA FCU.			<input type="checkbox"/> I live in MD, DC, VA, WV or PA and would like a complimentary membership to American Consumer Council (ACC) Maryland Chapter to enable me to join Market USA FCU.			
<input type="checkbox"/> I am an existing Market USA FCU Member.			<input type="checkbox"/> I am a family/household member of a Market USA FCU Member.			
<input type="checkbox"/> I am employed by a company, or affiliated with a group, that is eligible for membership with Market USA FCU.			<input type="checkbox"/> I am a family/household member of an employee of a company eligible for membership			
Company/Group Name: _____			Company Name: _____ Employee Name: _____			

Tell Us About the Accounts You Would Like to Open:

Savings Accounts: <input checked="" type="checkbox"/> Membership Savings (automatically opened) <input type="checkbox"/> Money Market Account <input type="checkbox"/> Holiday Club Account <input type="checkbox"/> Vacation Club Account Contact Member Services about Certificates & IRAs!	All Checking Accounts offer NO monthly maintenance fees & NO minimum balance requirements! <input type="checkbox"/> VIP Checking – earn a high APY by meeting certain activity requirements! <input type="checkbox"/> Direct Deposit Checking – set up direct deposit and take advantage of additional benefits! <input type="checkbox"/> Regular Checking – free Internet Banking, e-Statements, and other great features! <input type="checkbox"/> Order checks for my checking account
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Tell Us How You Like to Conduct Your Banking:

Make banking convenient and easy! Once you have your member number: <ul style="list-style-type: none"> Visit marketusafcu.com and sign up for Internet Banking with e-Statements and earn preferred certificate & loan rates! Simplify banking by signing up for Online Bill Pay & Text Alerts! Sign up for Mobile Banking by downloading the app from your app store. Make deposits right from your smart phone! Use POP Money to make person to person or account to account transfers! 	I'd like to access my accounts using the following services: <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Free Visa Check Card</td> <td style="border: none;">4 Digit PIN _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Free Visa Check Card for joint owner</td> <td style="border: none;">4 Digit PIN _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ATM Card (Savings Account Only)</td> <td style="border: none;">4 Digit PIN _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ATM Card for joint owner</td> <td style="border: none;">4 Digit PIN _____</td> </tr> </table>	<input type="checkbox"/> Free Visa Check Card	4 Digit PIN _____	<input type="checkbox"/> Free Visa Check Card for joint owner	4 Digit PIN _____	<input type="checkbox"/> ATM Card (Savings Account Only)	4 Digit PIN _____	<input type="checkbox"/> ATM Card for joint owner	4 Digit PIN _____
<input type="checkbox"/> Free Visa Check Card	4 Digit PIN _____								
<input type="checkbox"/> Free Visa Check Card for joint owner	4 Digit PIN _____								
<input type="checkbox"/> ATM Card (Savings Account Only)	4 Digit PIN _____								
<input type="checkbox"/> ATM Card for joint owner	4 Digit PIN _____								

Tell Us Who Should Have Access to Your Accounts:

This is an Individual Account **This is a Joint Account with Survivorship (please provide the Joint Owner's information below)**

Joint Owner Name (Last, First, MI):		Street Address		City	State	Zip
Driver's License No.	State	Issue Date	Exp. Date	Social Security Number		Date of Birth
Home Phone Number	Cell Phone Number		Work Phone Number	Email Address		
Payable on Death Beneficiary's Name:		Address:		SSN:	DOB:	

Optional Overdraft Coverage Election (please see [Important Overdraft Information](#) attached)

_____ I want Market USA FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand that this service is optional and is not required to obtain a card. Privilege Pay Overdraft Services are available the 1st day of the month following 30 days of membership. Accounts must meet eligibility requirements. Ask us for details.

Initials

Please be sure to sign page 2.



Mail form, deposit, and copy of ID to: Market USA FCU, 8871 Gorman Rd., Ste 100, Laurel, MD 20723. Contact us to add additional beneficiaries and/or joint owners.



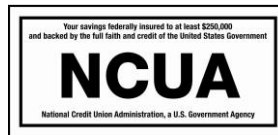
Authorizations and Disclosures:

TIN CERTIFICATION AND BACK-UP WITHHOLDING: Under the penalties of perjury, by signing below I, member, certify that: (1) the Social Security Number shown on this form is my correct taxpayer identification number (TIN); (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 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 U.S. resident alien). **Certification Instructions** - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. **IRS does not require agreement to other provisions on this form.**

DISCLOSURES & AUTHORIZATIONS: 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 all information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask your name, address, date of birth and other information that allows us to identify you. **You must include a \$5.00 check or money order deposit and a legible copy of your government issued photo ID with this application. Failure to do so will result in a delay in processing.** **Acceptable forms of identification include: (1) valid driver's license; (2) valid MVA issued ID card; (3) valid passport; and (4) valid military ID.** By signing below, I/We understand, agree to, and certify the following: (1) all current and future accounts established under this member number will be governed by this account agreement; (2) all information provided on this form is complete and true; (3) I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein; and (4) receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize Market USA to contact us via the email address provided above. I/We authorize Market USA Federal Credit Union to obtain a consumer report to evaluate my credit worthiness.

OWNER SIGNATURES		<i>Credit Union Use Only</i>	
X _____ Signature	Member No.: Date joined: Check ID No.: Opened by: Approved by:	Member: <input type="checkbox"/> DL _____ <input type="checkbox"/> MVA ID _____ <input type="checkbox"/> Passport <input type="checkbox"/> Military ID _____	Joint Owner: <input type="checkbox"/> DL _____ <input type="checkbox"/> MVA ID _____ <input type="checkbox"/> Passport <input type="checkbox"/> Military ID _____
		If DMV/MVA info was provided on form, initial to indicate that you verified info. If a Passport/Military ID is provided, note number, expiration date, and issue date.	
		CIP Verification/Notes:	

Federally Insured
by NCUA



Mail form, deposit, and copy of ID to: Market USA FCU 8871 Gorman Rd. Ste 100, Laurel, MD 20723. Contact us to add additional beneficiaries and/or joint owners.



What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as an overdraft line of credit, or a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Market USA Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

We will charge you a fee of up to **\$29** each time we pay an overdraft.

There is no limit on the total fees we can charge you for overdrawing your account.

What if I want Market USA Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, please initial the appropriate box on one of the following forms: (a) Membership Form; or (b) ATM/Visa Check card application.

You may also make an election by phone at 800.914.4268 or 301.586.3468; in person at one of our branch locations; or by mail to Market USA FCU, 8871 Gorman Road, Suite 100, Laurel, MD 20723.