

Membership Application

Monroe County Teachers Federal Credit Union (MCTFCU) is an exclusive financial cooperative and is not open to the general public. Eligibility for membership is based on current employment, student status, or family member sponsorship. Once you are a member of MCTFCU, and you keep your account active, you are a member for life regardless if you move, change jobs or divorce. Once you qualify for membership your family including your children, parents, spouse, brother, sister, etc. are also eligible to enjoy the benefits of membership.

To apply for membership at MCTFCU you will need the following items:

Individual Account:

- \$5.00 deposit for your one Share of the Credit Union (this entitles you to your Share/Ownership of the Credit Union and is used as the minimum balance required in your Share Savings Account which allows you to take advantage of all our services & apply for loans immediately).
- Copy of your Driver's License or other official state/government issued photo ID which also includes an expiration date (such as a passport, or state issued ID card)
- Your social security number
- Mother's Maiden Name
- A Beneficiary-Name and their social security number
- Name, Address and Phone of an Adult relative not residing with you
- Eligibility Documentation (proof of employment at qualified employer, student status, or signed/notarized membership sponsorship eligibility form—for family member sponsorship)

Joint Accounts:

- All the information above for Individual membership PLUS
- Copy of Joint Owner's Driver's License Driver's License or other official state/government issued photo ID which includes an expiration date (such as a passport, or state issued ID card)
- Joint Owner's Social Security Number

Questions:

We are here for you, so please don't hesitate to contact us at 305-296-8546 with any questions you may have.

Membership Application

- Individual Membership Account Multiple Ownership Account w/Right of Survivorship
 Individual Membership Account w/Pay-on Death* Multiple Ownership Account w/ROS & POD*

ACCOUNT (S)

- Share (Savings) Required Vacation Club Certificate of Deposit
 Share Draft (Checking) Visa Debit Card (checking account required) IRA or Coverdell Educational Savings Account
 Christmas Club Courtesy Pay (overdraft protection-checking req.) Other _____

MEMBER INFORMATION (please print clearly)

First Name _____ Initial _____ Last Name _____

Title Mr. Mrs. Ms. Dr. _____ SSN# _____ - _____ - _____ Date of Birth ____ / ____ / ____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Employer _____

Driver's License # _____ State _____

Mother's Maiden Name _____

How did you hear about us? _____

Name of an adult relative not residing with you _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Beneficiary for Pay-On-Death _____

Beneficiary's Name

Social Security Number

Relationship

SOURCE OF ELIGIBILITY

Monroe County School District Department _____

Phone _____

Florida Keys Community College Employer _____

Phone _____

Student of Above I Employer _____

Phone _____

Family Member Sponsorship * Member Name _____

*The Sponsoring Member must compete & sign a sponsorship eligibility form

Member # _____

Continue on Other Side →

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CO-APPLICANT/JOINT OWNER (MUST BE 18 YEARS OF AGE OR OLDER)

First Name _____ Initial _____ Last Name _____

Title Mr. Mrs. Ms. Dr. _____ SSN# _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Driver's License # _____ State _____

BACKUP WITHHOLDING CERTIFICATIONS

Under the penalties of perjury, I certify that:

1. The Social Security number(s) shown on this form are my correct Taxpayer Identification Number(s) or I am waiting for a number to be issued to me, and
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 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 or a U.S. Resident Alien.

-----OR-----

Exempt Recipients: I am an exempt recipient under the IRS regulations.

Non-Resident Aliens: I am not a U.S. person, or if I am an individual, I am neither a citizen nor a resident of the U.S. or U.S. person.

→ Signature of Applicant X _____ Date _____

SIGNATURES

By signing below I/We agree to the by-laws of MCTFCU and account terms and conditions as amended from time to time; authorize MCTFCU to verify credit and employment history by any means, including preparation of a credit report by a credit and or consumer reporting agency. The information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. I/We acknowledge the receipt of a copy of such terms and conditions and the following policy disclosures:

Funds Availability Electronic Funds Disclosure Truth in Savings Privacy Policy

→ Signature of Applicant X _____

→ Signature of co-applicant/joint-owner X _____

Once you have your member number you will need to go online to **www.monroecountyteachersfcu.org** & enroll in **Home Banking** for 24/7 account access.



For MCTFCU Use Only

Identification Drivers license Other _____

Member Number _____ Date _____ Collected by _____

Acct Packet Mailed Delivered ChexSys Yes No Entered by _____

