

Welcome



In order to make the application process as easy as possible, please have the following information ready:

- Valid Social Security Number
 - Date of Birth
- Your Current Physical Address
- Your Current Mailing Address (if different)
 - Email Address
 - Telephone Number
- Valid Identification Information
(including number, issue, and expiration date)

CME is Community Credit Union with Membership in the Credit Union available to Corporations, Partnerships, Sole Proprietorships, Voluntary Associations, Fraternal Organizations, Trusts, Limited Liability Companies, and Individuals regardless of residence or occupation.

Note: If this application is for Joint membership, all applicants must complete and their sections of the Application Form.



Your Funds Federally Insured to at least \$250,000 and backed by the full faith and credit of the US Government.



Membership Application



NEW MEMBER MAKING A CHANGE TO CURRENT ACCOUNTS)

I/We hereby make Application for Membership in the CRANSTON MUNICIPAL EMPLOYEES CREDIT UNION and agree to the Rules, Regulations, and By-Laws of the Credit Union, those now in force and any which may hereafter be adopted. Each signer agrees that the Credit Union may obtain any credit reference necessary. I/We also agree to the regulations governing use of a negotiable order to withdraw. Also, 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. (See Reverse Side). My/Our Signatures as affixed below acknowledge our acceptance of all terms and conditions of Membership including CERTIFICATION AS TO TAX PAYER IDENTIFICATION and BACKUP WITHHOLDING.

Savings Share Draft/Checking (with overdraft Transfer) Money Market Term Savings

Primary Member

Member Name		Social Security Number	
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone (if applicable)	Cell Phone	
Date of Birth	Driver's License No. / ID #	Mother' Maiden Name	
Employer	Current Position		
Length of Employment	Email Address		

Joint Owner (1)

Member Name		Social Security Number	
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone (if applicable)	Cell Phone	
Date of Birth	Driver's License No. / ID #	Mother' Maiden Name	
Employer	Current Position		
Length of Employment	Email Address		

Joint Owner (2)

Member Name		Social Security Number	
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone (if applicable)	Cell Phone	
Date of Birth	Driver's License No. / ID #	Mother' Maiden Name	
Employer	Current Position		
Length of Employment	Email Address		

JOINT SHARE ACCOUNT AGREEMENT - NOT TRANSFERABLE - (If Applicable)

The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners agree with each other and with said credit union that all sums now paid in on shares, or heretofore or thereafter paid in on shares by any or all of said owners to their credit as such joint owners with all accumulations thereon, 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. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any and all of said joint owners may pledge all or any part of the shares; in this account as collateral security to a loan or loans from the credit union. The right of 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 said credit union which shall not affect transactions theretofore made. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

CERTIFICATION AS TO TAX PAYER IDENTIFICATION AND BACKUP WITHHOLDING

By signing this card, I certify, under penalties of perjury, that (1) I am a U.S. Person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding.

I am a US Person (including a US resident Alien) I am NOT a United States citizen or U.S. Person
(complete form W-8BEN at <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>).

NOTICE: As part of your membership process, you will receive a Truth In Savings Disclosure and a Funds Availability Policy. Your signature on this card represents your understanding and agreement to all terms and conditions of the Membership Application and Certification of Backup Withholding, those now in force and any which may hereafter be adopted.

US PATRIOT ACT

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. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. 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.

SIGNATURES:

MEMBER/OWNER _____ Account Number _____

JOINT OWNER (1) _____ JOINT OWNER (2) _____

Applicant Comments: *If there is something special you should like us to know, please enter your comments here.*

FOR CREDIT UNION USE ONLY

1. ID Verification (Unexpired Government Issued Picture I.D.) Type: _____ Expiration Date: _____

Number: _____ 2. ID Verification Type: _____ Expiration Date: _____

Number: _____ Taken By: _____ Membership Eligibility _____

Opened By _____ Date _____ Approved By _____ Date _____

OFAC Match No Match Approved By _____ Date _____