Indirect Lending

Savings Account/Membership Information

REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a photograph, a description and a signature and one of which must reflect the individual's current residential address as given. Acceptable forms of ID include the following: a valid State issued Drivers License, valid State ID (MA only), current Military ID card, valid Passport, or valid Firearms ID card. **Note:** If there will be a joint owner on the account you are opening, he or she must also sign. At its discretion, LCU may request additional form(s) of identification.

The USA Patriot Act requires that a copy of valid identification be attached.

Applicant	**Co-Applicant**
Name(s) _____	Name(s) _____
Address _____	Address _____
_____	_____
Home Telephone _____	Home Telephone _____
Work Telephone _____	Work Telephone _____
Employer _____	Employer _____
Date of Birth _____	Date of Birth _____
Mother's Maiden Name _____	Mother's Maiden Name _____

The undersigned certifies that, under penalty of perjury, the Taxpayer Identification Number/Social Security Number indicated on this agreement is correct and, you further certify that you are not subject to backup withholding of federal income taxes on the earnings associated with this account.

The undersigned agrees to the terms stated on this form and acknowledges receipt of a completed copy. The following disclosures will be provided upon account opening: Deposit Account, Funds Availability, Privacy, Electronic Funds Transfer, Truth in Savings. Copies of these disclosures may also be obtained at any branch office.

Taxpayer Identification Number/Social Security Number _____

Signature_____ Date _____

Taxpayer Identification Number/Social Security Number _____

Signature_____ Date _____

For Internal Use

Date Opened _____ By _____	Initial Deposit $_____	Type of Funds _____	
Account Number _____	Portfolio Number _____		
Applicant _____	Co-Applicant _____		
Identification Type _____	Identification Type _____		
Country or State of Issuance _____	Country or State of Issuance _____		
Date of Issuance (if any) _____	Date of Issuance (if any) _____		
Expiration Date _____	Expiration Date _____		

NCUA Federally Insured by NCUA   MSIC MEMBER MASSACHUSETTS CREDIT UNION SHARE INSURANCE CORPORATION   EQUAL HOUSING OPPORTUNITY

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