



MAIN OFFICE  
5260 Western Ave.  
Chevy Chase, MD 20815  
1-800-542-7896  
(301) 986-2082

# MARYLAND ACCOUNT CARD

**PLEASE PRINT**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

**Member/Owner Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

Designate the ownership of the accounts and responsibility for the services requested.

**Individual**     **Joint Account with Survivorship**     **Joint Account without Survivorship**

On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.    On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust, or intestacy.

Signature   X   \_\_\_\_\_    Signature   X   \_\_\_\_\_  
 Signature   X   \_\_\_\_\_    Signature   X   \_\_\_\_\_  
 Signature   X   \_\_\_\_\_    Signature   X   \_\_\_\_\_

Street: \_\_\_\_\_    SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_    Driver's Lic. No.: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_     Listed     Unlisted    Date of Birth: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_    E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_    Geico Associate:  Yes     No  
 If yes, associate number: \_\_\_\_\_    If no, membership eligibility: \_\_\_\_\_  
 If family member, name of member or associate and relationship: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

**Joint Owner:** \_\_\_\_\_    SSN/TIN: \_\_\_\_\_  
 Street: \_\_\_\_\_    Driver's Lic. No.: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_     Listed     Unlisted    E-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_    SSN/TIN: \_\_\_\_\_  
 Street: \_\_\_\_\_    Driver's Lic. No.: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_     Listed     Unlisted    E-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_    SSN/TIN: \_\_\_\_\_  
 Street: \_\_\_\_\_    Driver's Lic. No.: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_     Listed     Unlisted    E-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Account**

POD Payee: \_\_\_\_\_    POD Payee: \_\_\_\_\_  
 SSN: \_\_\_\_\_    SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
 Street: \_\_\_\_\_    Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_    City/State/Zip: \_\_\_\_\_

**UTTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

**CONVENIENCE ACCOUNT**    Name of Convenience Person: \_\_\_\_\_ (please print)  
 Signature: \_\_\_\_\_ (date)  
 Personal Custodian Account (as custodian for \_\_\_\_\_).

**Other**     See Account Authorization Card

**ACCOUNT TYPE**

Joint Owner Name

Joint Owner Name

Share/Savings \_\_\_\_\_

Money Market \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_

Other \_\_\_\_\_

Share Certificate \_\_\_\_\_

Other \_\_\_\_\_

All the terms, conditions, form of account ownership, account selection, and other information on this card apply to all the accounts listed unless noted above or the credit union is notified in writing of a change in account ownership. If applicable, please indicate joint owner name on each account type.

The account number for each of the accounts listed consists of a suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit:

Audio Response:

Debit Card:

ATM Card:

PC Access/Internet Banking:

Other:

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

**Under penalties of perjury, I certify that:**

**(1) The number shown on this form is my correct taxpayer identification 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).**

**Certification 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.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Online Banking Access Disclosure, if applicable, Schedule of Fees and to any amendment the Credit Union makes from time to time which are incorporated herein. If GEICO FCU Online-Banking is requested, I/we agree that a randomly generated password will be issued to activate the service. I/we understand that if there is more than one owner of my/our account(s), all such owners are authorized to process transactions through GEICO FCU Online Banking using one password. I/we acknowledge receipt of a copy of the Agreement and disclosure 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 GEICO FCU to obtain and share credit and employment information about me/us with established credit reporting agencies. **The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.**

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**FOR CREDIT UNION USE ONLY**

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verification

PIN Request

Check Order

Access Card

Audio Response

PC Access/Internet Banking

Disclosures