



Membership Forms

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APPLICATION FOR CREDIT UNION MEMBERSHIP

TAXPAYER ID CERTIFICATION

CUSTOMER IDENTIFICATION PROGRAM

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 information that identifies each person who opens a new account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

ID PLEASE!

If you are submitting your application for membership other than in person at our office, please include a photo copy of your driver's license, passport, or other government issued photo ID.

Our Privacy Policy can be found at

LMedFCU.org

Louisville Medical Center Federal Credit Union

234 East Gray Street, Suite 130 • Louisville, KY 40202-1907
(502) 629-3716 • Fax (502) 629-3715 • ItsEasy@LMedFCU.org

INSTRUCTIONS:

To apply for Membership in the **Louisville Medical Center Federal Credit Union**, please complete the **APPLICATION FOR MEMBERSHIP** card and **TAXPAYER ID CERTIFICATION** below. When complete and signed, bring or mail the originals to the Credit Union office at the address above.

To comply with our **Customer Identification Program**, please include a photocopy of your driver's license, passport or other government issued photo ID.

There is no fee to join your Credit Union, but you may want to include an initial deposit or fill out an **AUTOMATIC DEPOSIT** form found on our **FORMS** page.

THANK YOU FOR JOINING!

APPLICATION FOR CREDIT UNION MEMBERSHIP

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the **LOUISVILLE MEDICAL CENTER FEDERAL CREDIT UNION** (Credit Union).

I also agree to the terms and conditions of any account I have in the Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time.

Applicant's *Signature*

DO NOT PRINT : _____

Complete Address: _____

Home Phone: _____

Zip Code: _____

City: _____

State: _____

Soc. Sec. # or

Date of

Tax Ident. #: _____

Birth: _____

Place of

Mother's

Employment: _____

Maiden Name: _____

E-Mail Address (PRINT) _____

IMPORTANT: Be sure to read & sign the Taxpayer ID Certification on reverse or below.
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS SIGNATURE.

IMPORTANT TAXPAYER ID CERTIFICATION

Instructions to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on the reverse (or above) side of this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

SIGNATURE: _____

Date: _____

Please mail or bring completed originals to:
Louisville Medical Center Federal Credit Union,
234 East Gray Street, Suite 130, Louisville, KY 40202-1907

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