

**AUTHORIZATION AGREEMENT
FOR ELECTRONIC
DIRECT DEPOSIT/PAYROLL DEDUCTION**

Last Name (please print)	First	Middle Initial
Account Number	Social Security Number	
Employer		
Home Phone	Work Phone	

New Authorization Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of the Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Net Check? Monthly Semimonthly

OR

Deposit Fixed Amount? \$ _____

Checking Savings Account

Net Check Payroll Period: Weekly Biweekly

Depository Name: Money One Federal Credit Union
P.O. Box 6398
Largo, MD 20792-6398

Routing Number: 2550-7760-0

Signature of Primary Owner	Date
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DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows (fill in all amounts that apply, this form supersedes any previous requests):

Checking	\$ _____
Regular Savings	\$ _____
Holiday Club	\$ _____
Vacation Club	\$ _____
Money Market	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
IRA	\$ _____
Other	\$ _____

ABOUT US

Money One Federal Credit Union is a not-for-profit, full-service financial institution. We were established in 1951 to promote thrift and provide a source of low-cost credit. Money One is member owned and operated. Our only reason for existence is to help people do better financially.

MONEY ONE'S MISSION

Money One is a quality driven, member focused, financial solutions provider:

- Helping financial dreams become a reality
- Providing individualized products and services
- Delivered by a dedicated staff that takes pride in exceeding expectations

SAFETY AND SOUNDNESS

Our savings accounts are insured up to \$250,000 per member by the National Credit Union Administration (NCUA), an agency of the federal government.

A LIFETIME BENEFIT

Once your accounts are opened, you and your immediate family can enjoy benefits for life no matter where you later live or work.

LIST OF SERVICES

Loans

Auto, Truck, Boat, Motorcycle and Recreational Vehicles, Personal, Line of Credit/Overdraft Protection, Education, Student Loans, Share Secured, Fresh Start Loans, Home Equity Loan or Line of Credit, Home Improvement, First Mortgage, Visa Credit Cards

Deposits

Savings Accounts, Checking Accounts, Insured Money Market Accounts, Holiday, Vacation, and Personal Clubs, Savings Certificates, Federally Insured IRAs, Health Savings Accounts

Other Services

MoneyLine Audio Response, MoneyLink Online Banking, MoneyDirect Online Bill Payment, eStatements, Direct Deposit of paychecks and other recurring payments, ATM Cards, Visa Check Cards with Rewards

Business Banking, Investment Services, Balance Financial Fitness Program, Car Buying Services, Surcharge-Free ATM Network (over 60,000 Nationwide), ATM Deposit Network, Shared Branch Network (Nationwide)

CU Realty Real Estate Rebates, Official Checks, Money Orders, Western Union Quick Cash, Access First Legal Services, Auto, Home, Credit, Life and Disability, GAP, Long-Term Care & AD&D, Insurance, Extended Warranties, And More!



301-925-4600 • 800-638-0232
Fax: 301-925-9077

Branch Locations

Main Branch

9800 Technology Way
Largo, MD 20774

College Park

6107 Greenbelt Road
College Park, MD 20740

MoneyOneFCU.org

info@MoneyOneFCU.org



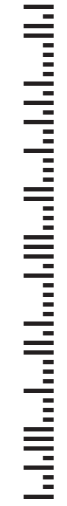
NEW ACCOUNT



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 4530 HYATTSVILLE, MD 20784

POSTAGE WILL BE PAID BY ADDRESSEE

MONEY ONE FEDERAL CREDIT UNION
PO BOX 6398
LARGO MD 20792-0089



APPLICATION



ACCOUNT APPLICATION

Individual Account Agreement		
Last Name (please print)	First	Middle Initial
Social Security Number	Birth Date	
Street Address		
City, State, Zip Code		
Home Phone	Work Phone	
E-Mail Address	Cell Phone #	
Eligibility <input type="checkbox"/> Eligible Employer Group _____ <input type="checkbox"/> Gifts for Easter Seals: I understand by making a one-time membership donation (minimum \$20) that I am eligible to open an account at Money One FCU. <input type="checkbox"/> Family Member <input type="checkbox"/> Expanded Field of Membership		
Related Account Name		
Related Account Number		

JOINT ACCOUNT AGREEMENT		
<p>Money One is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with Money One that all sums now paid in, or heretofore or hereafter deposited by any or all of said joint owners to their credit as such joint owners with all accumulation thereon, are and shall be owned by them jointly, balance at death of any party payable to the survivor(s), and shall be subject to the withdrawal or receipt of any joint owner, and payment to any of them 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 Money One from time to time.</p>		
Joint Owner Last Name (please print)	First	Middle Initial
Joint Owner Social Security Number	Birth date	
Joint Owner Home Phone	Work Phone	
<p>The right or authority of Money One under this agreement shall not be changed or terminated by said owners or any of them except by written notice to Money One which shall not affect transactions theretofore made. Unless contrary direction is given in this account agreement, upon the death of a party, the funds shall belong to the surviving party or parties. Upon the death of the last party to this account, any funds remaining in this account shall belong to the designated beneficiary(s).</p>		

TIN Certification and Backup Withholding Information By signing below, I certify in accordance with the IRS W-9 instructions provided by Money One and under penalties of perjury that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding either because I have not been notified that I am 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, and that I am, unless designated below, a U.S. person (including a U.S. resident alien).	
<input type="checkbox"/> I am subject to backup withholding	<input type="checkbox"/> Exempt
<input type="checkbox"/> I am not a United States citizen or resident (complete W-8 BEN form)	

Authorization I hereby apply to open an account with Money One and agree to conform to the Federal Credit Union Act, National Credit Union Administration Rules and Regulations, Money One's policies, rules, regulations and bylaws, and any amendment thereto and subscribe for at least one share. I hereby acknowledge receipt of a copy of the Credit Union Account Disclosure and Agreement. This account is established pursuant to the Annotated Code of Maryland, Financial Institutions Article, Section 1-204, et seq. I understand that I must keep at least \$5 in my account at all times. I authorize the credit union to make inquiries pertaining to employment, credit standing and financial responsibility. By signing this agreement, I/we agree to the terms and conditions of Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Money One makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Payable On Death (P.O.D.) Designation of Beneficiary Upon the death of the last party to this account, any funds remaining in this account shall belong to (if blank, no beneficiary will be designated):	
Name (please print)	
Social Security Number	Date of Birth
Address	City, State, Zip
Home Phone	Work Phone
as beneficiary to receive all sums due me in the event of my death.	

Checking Account Overdraft Protection – Accounts Covered by Transfer From: <i>Please indicate which Overdraft Protection option you would prefer. The Line-of-Credit loan must be established prior to access.</i>	
_____ (initial) Advance funds from Line-of-Credit loan sufficient to honor the check(s). If funds are not available on my Line-of-Credit, advance from my savings or IMMA Account.	
_____ (initial) Advance funds from my Savings or IMMA Account sufficient to honor the check(s). If funds are not available in my Savings or IMMA Account, advance from my Line of Credit loan.	

Money One Use Only:	
Account # _____ Potential # _____	
Date Opened _____ Emp ID _____ Touché # _____	
MIP _____ BSA _____ OFAC _____	

SERVICE(S) REQUESTED	
<input type="checkbox"/> Savings (\$5 min.) (Required)	<input type="checkbox"/> ATM Card
<input type="checkbox"/> Money Savvy e-Checking	<input type="checkbox"/> Visa Check Card (checking only)
<input type="checkbox"/> Select Checking (\$50 min.)	
<input type="checkbox"/> Basic Checking (\$50 min.)	
<input type="checkbox"/> Holiday Club*	*At payout, deposit funds to my
<input type="checkbox"/> Vacation Club*	<input type="checkbox"/> savings
<input type="checkbox"/> Personal Club*	<input type="checkbox"/> checking
<input type="checkbox"/> Insurance (PFP)	
<input type="checkbox"/> Other _____	

eStatements You will automatically be enrolled in eStatements.	
E-Mail Address (Required)	
_____ (initial) I elect to opt out of eStatements and understand that I may be charged a fee.	

Signature of Primary Owner _____ Date _____	
Signature of Joint Owner _____ Date _____	

Have you: <input type="checkbox"/> Completed and signed all required areas? <input type="checkbox"/> Enclosed a check or money order to open your account(s)? Indicate amount: \$ _____. Please DO NOT SEND CASH IN THE MAIL. <input type="checkbox"/> Included a copy of photo ID?

You are required by law to present government-issued photo identification with your application. If you are a U.S. citizen, you may use your driver's license or another form of government-issued photo ID with current address. Non-U.S. citizens may use their passports or alien identification cards with each account type. Please return this completed form to our office.

LOAN APPLICATION

Type of Loan: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit <input type="checkbox"/> Co-maker Loan Purpose: _____

Last Name (please print)	First	Middle Initial
Social Security Number	Birth Date	
Street Address		
City, State, Zip Code		
Amount Requested	Term (if applicable)	
Employer	Date Hired	
Position	Work Phone	
Home Phone	Cell Phone	
Annual Gross Salary	Other Income*	

Co-Borrower's Last Name (please print)	First	Middle Initial
Social Security Number	Birth Date	
Street Address		
City, State, Zip Code		
Employer	Date Hired	
Co-Borrower's Home Phone	Work Telephone	
Annual Gross Salary	Other Income	

Monthly Rent or Mortgage (circle one) \$ _____

Please submit copy of your current paycheck stub or other documentation for total income.

By signing below, I certify that the information on this application and on any attachments, both written or printed, are true and correct and represent my current financial condition accurately. I authorize you to gather whatever credit and employment information you consider necessary and appropriate. I authorize you to give information concerning your credit experience with me to others. I understand that you will retain this application whether or not credit is approved. If this application is signed by more than one person, the words "I" and "my" shall mean all those who sign the application. I understand that any false statements or willful overevaluation of land, property or security for the purpose of influencing in any way the action of any federally insured credit union upon loan application is a violation of Section 1014, title 18, U.S. code.

_____ (initial) You are granting the credit union a consensual pledge in present and future shares and funds in any account in which you have an interest as security for credit card or other open-end accounts.

*Alimony, child support, or separate maintenance income need not be revealed if you choose not to have it considered.

Signature _____	Date _____
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Co-Borrower's Signature _____	Date _____
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Loan Department Use Only:		
Account Number _____	Emp ID _____	MIP _____
Approved _____	Declined _____	

WHAT HAPPENS NEXT?

You'll receive your Welcome packet including your account number and other important information.

To set up payroll deduction or direct deposit, complete the form provided (see reverse), your company's authorization form and submit them to your payroll department. Be sure to include your account number on your payroll form(s).

Call us: 301-925-4600
800-638-0232 (toll free)

Stop by:
Main branch: 9800 Technology Way
Largo, MD 20774
Exit 17-A off of Capital Beltway I-495

College Park: 6107 Greenbelt Road
College Park, MD 20740

Go online: MoneyOneFCU.org

Email us: info@MoneyOneFCU.org

Fax: 301-925-9077

Routing Number: 255077600

MoneyLine Telephone Transactions: 301-925-4166
800-445-5513

Mail: PO Box 6398
Largo, MD 20792-6398

Branch Hours: 9:00 a.m.–3:30 p.m., Mon.-Wed. (lobby and drive-thru)
9:00 a.m.–4:00 p.m., Thurs. & Fri. (lobby and drive-thru)
9:00 a.m.–6:00 p.m., Friday (drive-thru)
9:00 a.m.–1:00 p.m., Saturday (lobby and drive-thru)

Phone Hours: 8:30 a.m.–4:30 p.m., Mon.-Fri.

Staff Training Early Closing: 2nd Wednesday monthly. 1 p.m. Lobby closes, 1:30 p.m. Switchboard closes.

WE LOOK FORWARD TO SERVING YOU WITH ALL OF YOUR FINANCIAL NEEDS!