

**BURLINGTON MUNICIPAL EMPLOYEES  
FEDERAL CREDIT UNION  
7 BEDFORD STREET  
BURLINGTON, MA 01803  
781-272-2046  
[bmefcu@yahoo.com](mailto:bmefcu@yahoo.com)**

Welcome!

We are thrilled to personally meet you and help you with your financial needs.

A few of the services we provide are highlighted below:

- Payroll deduction and direct deposit  
- “Out of sight, out of mind” savings for something like a vacation or Christmas club account.
- Family members eligible for membership
- Low interest rate MasterCard  
-9.90% interest on unpaid balances. Payment made online or right here at our office location.
- Unsecured Loans  
-Low interest rate personal loans for any purpose you may need; vacation, tuition, school, etc.  
-Consolidation Loans  
Have outstanding credit card debt with high interest rates? Consolidate it with an 8.50% Consolidation Loan! Be debt free before you know it!!
- Auto Loans  
-Low rate New and Used Auto loans...we'll try to match your rate!  
-Refinance your current auto loan with the BMEFCU. Maybe we can save you money!!

Remember... We will open your account with the membership fee of \$5.00. Please call or visit us soon so you can begin enjoying all the benefits of the Burlington Municipal Employees Federal Credit Union... **YOUR CREDIT UNION!!**

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Beverly Hanafin  
Manager

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Erin Degan  
Assistant Manager

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Colleen Conceison  
Member Service Representative

BURLINGTON MUNICIPAL EMPLOYEES  
FEDERAL CREDIT UNION  
7 Bedford Street  
Burlington, MA 01803  
(781) 272-2046  
Fax: (781) 273-4987

## ACCOUNT CARD

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*	Suffix*
<input type="checkbox"/> Share/Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

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

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone ( ) _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone ( ) _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

### 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 Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures 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. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____	Signature _____	Date _____	X _____	Signature _____	Date _____
X _____	Signature _____	Date _____	X _____	Signature _____	Date _____