



A. Primary Member

(First/Middle/Last)	Date of Birth	Social Security Number	Student ID # (If Applicable)	
Country of Citizenship		Mother's Maiden Name		
Mailing Address (If PO Box, complete Physical Address)		City	State	Zip
Physical Street Address		City	State	Zip
Email Address		Alternate Email		
Home Phone		Cell Phone		
Eligible for membership through:				
Family Member's Name		Relationship	Family Member's Account Number	

B. Joint Owner (Please include copy of Driver's License)

(First/Middle/Last)	Date of Birth	Social Security Number	Driver's License # and State	
Country of Citizenship		Mother's Maiden Name		
Mailing Address (If PO Box, complete Physical Address)		City	State	Zip
Physical Street Address		City	State	Zip
Email Address		Alternate Email		
Home Phone		Work Phone	Cell Phone	
Employer's Name		Job Title		

B2. Joint Owner (Please include copy of Driver's License)

(First/Middle/Last)	Date of Birth	Social Security Number	Driver's License # and State	
Country of Citizenship		Mother's Maiden Name		
Mailing Address (If PO Box, complete Physical Address)		City	State	Zip
Physical Street Address		City	State	Zip
Email Address		Alternate Email		
Home Phone		Work Phone	Cell Phone	
Employer's Name		Job Title		

C. Accounts and Services Requested (Check the account(s) you wish to open and indicate deposit amount for each.)

Primary Member Account	Joint Owner Access		Initial Deposit	Primary Member Account	Joint Owner Access		Initial Deposit
<input checked="" type="checkbox"/> Savings (required)	Yes	No	\$ (Min. \$5)	Certificate 12 month	Yes	No	\$
<input type="checkbox"/> Holiday Savings	Yes	No	\$	Certificate 18 month	Yes	No	\$
<input type="checkbox"/> Vacation Savings	Yes	No	\$	Certificate 24 month	Yes	No	\$
<input type="checkbox"/> Other Savings	Yes	No	\$	Certificate 36 month	Yes	No	\$
<input type="checkbox"/> Money Market	Yes	No	\$	Certificate 60 month	Yes	No	\$
<input type="checkbox"/> Telephone Banking*	Yes	No	N/A	Certificate 24 month Jumbo	Yes	No	\$
<input type="checkbox"/> Certificate 3 month	Yes	No	\$	Certificate 36 month Jumbo	Yes	No	\$
<input type="checkbox"/> Certificate 6 month	Yes	No	\$	Certificate 60 month Jumbo	Yes	No	\$

*Initial password is the last six digits of your Social Security Number.

D. Certification, Authorization, and Signature(s)

Authorization

I/we hereby apply for membership in Merck Sharp & Dohme Federal Credit Union and agree to conform to its laws and amendments and to subscribe to at least one share. I/we agree to the terms and conditions printed on the reverse side of this form, as well as 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 the copy of the Agreement and Disclosures applicable to the accounts and services requested herein made available on our website at www.msdfcu.org or upon request. If a Visa® Debit Card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Certification of Taxpayer Identification Number and Backup Withholding

Under penalties of perjury, I/we certify that (1) the number(s) shown on this form is my/our correct taxpayer identification number, (2) I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/ we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and (3) I am/we are a U.S. person (including a U.S. resident alien). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person.

Joint Owner Account Agreement

MSDFCU is hereby authorized to recognize any of the signatures subscribed hereto in payment of funds or the transaction of business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on savings, heretofore or hereafter paid in on savings by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge said credit union from any liability for such payment. Any or all of said joint owners may pledge all or part of the savings in this account as collateral security to a loan or loans. The right of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

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, including business entities, who open an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, social security number or Taxpayer Identification Number (TIN), and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Primary Member Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

OFFICE USE ONLY

Style Code: WD _____ Teller ID: _____

Branch: _____ Date: _____

☐ ID Scanned

☐ W8

Member Account #:

rev. 05/25

CHECKING / MONEY MARKET ACCOUNT AGREEMENT

I/We hereby authorize the Merck Sharp & Dohme Federal Credit Union to establish a special savings account for me/us to be known as a Checking/Money Market Account. The Credit Union is authorized to pay checks by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the Checking/Money Market Account. It is agreed that:

- (a) Only checks/money market checks and other methods approved by the Credit Union may be used to withdraw funds from the Checking/Money Market Account;
- (b) The Credit Union is under no obligation to pay a check which exceeds the fully paid and collected balance in the Checking/Money Market Account; the Credit Union may, however, pay such a check/money market check and transfer savings to this account in the amount of the resulting overdraft, plus a service charge, from any other savings account from which any of the undersigned is then eligible to withdraw savings;
- (c) The Credit Union may pay a check/money market check on whatever day it is presented, notwithstanding the date (or any limitation on the time of payment) appearing on the check/money market check;
- (d) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check/money market check;
- (e) Any objection respecting any item shown on a monthly statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed;
- (f) The Checking/Money Market Account shall be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time;
- (g) The use of the Checking/Money Market Account is subject to such other conditions and requirements as the Credit Union may establish from time to time; and
- (h) If signed by more than one person, this agreement is subject to the additional terms and conditions of any joint savings account agreement that applies to a savings account in our joint names.