

Membership Application

Please complete this application and mail or return to one of our branches to open your membership.

Membership Services Requested:

- | | | |
|--|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Savings Account* | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Purpose Club Account | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Loan: _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |

Which of the following will you be requesting:

- | | | |
|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Primary | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Checks | <input type="checkbox"/> Primary | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Primary | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Wire Transfers | <input type="checkbox"/> Primary | <input type="checkbox"/> Joint |

*A \$5 minimum deposit establishes your Savings Account and membership at cPort Credit Union.

Primary Member Information

Member Name		Social Security Number		Date of Birth
Address		Apt/Unit #	City	State Zip
Home Phone		Cell Phone		
Email Address		WorkPhone		Ext
Employer Name		Job Title		
Employer Address		City	State	Zip
Mother's Maiden Name				

Joint Member Information

Joint Member Name		Social Security Number		Date of Birth
Address		Apt/Unit #	City	State Zip
Home Phone		Cell Phone		
Email Address		WorkPhone		Ext
Employer Name		Job Title		
Employer Address		City	State	Zip
Mother's Maiden Name				

Important Tax Information

Under penalties of perjury, I certify that:

1. The Social Security number shown on this membership application is my correct taxpayer identification number, and
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 either a U.S. citizen or a U.S. resident alien.

Certification Instructions: You must 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. citizen or a U.S. resident alien.

Primary Member Signature _____ Date _____

ID Type and No. _____ Iss. Date _____ Exp. Date _____

Verified by _____

(Authorized Credit Union Official)

Joint Member Signature _____ Date _____

ID Type and No. _____ Iss. Date _____ Exp. Date _____

Verified by _____

(Authorized Credit Union Official)

Membership Agreement/Account Disclosures

I/We hereby make application for membership in cPort Credit Union, and agree to conform to its bylaws and amendments thereof. I/We acknowledge receipt of Fee Schedule and Important Account Information for Members brochures detailing the terms, conditions and fees regarding the use and administration of this Savings (Share) Account, Checking (Share Draft) Account, ATM, Debit Card, Overdraft Line of Credit and all related products and services.

I/We understand and agree that the USA PATRIOT ACT obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS WILL BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED. I further understand a credit report will be obtained in connection with this application. FAIR AND ACCURATE CREDIT TRANSACTIONS ACT NOTICE: We may report information about your account to credit bureaus. Late or missed payments, or other defaults may be reflected in your credit report. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you.

By signing below you acknowledge and agree to all terms, certifications and representations by you made herein and on the reverse side of this form.

Primary's Signature _____ Date _____ Primary's Printed Name _____

Joint's Signature _____ Date _____ Joint's Printed Name _____

Receive \$100 for signing up for Direct Deposit!***

When you receive Direct Deposit of your net pay within 60 days of opening your account, you will receive a Direct Deposit Bonus and when you maintain your direct deposit, you will be eligible to receive a .25% discount on most cPort loans.

cPort Routing Number: 211288239

***To be eligible you must start a new direct deposit of your net pay into your account within 60 days of opening your account. Member must be in good standing to receive the bonus. Terms and conditions subject to change. Rate discount of .25% with direct deposit of net pay not available on overdraft protection loans. Bonus will be deposited within five business days of your direct deposit.



P.O. Box 777, Portland, ME 04104
1-800-464-0253
cportcu.org

Federally insured by NCUA Equal Housing Lender NMLS ID: 409174