



BRAINTREE BRANCH & OPERATIONS CENTER
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NOT-FOR-PROFIT ACCOUNT APPLICATION



- Savings/Share Account
- Checking Account
- Money Market Account
- Certificate of Deposit
- Debit MasterCard
- Money Line/Home Banking
- Other: _____

Account Title/Designations:

- 501(c)
- Other: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Business Email: _____

Business Phone: _____ Ext: _____

Tax ID Number: _____

Type of Business: _____

Applicant 1

Name: _____
First, Middle Initial, Last

SSN#: _____

Mother's Maiden Name: _____

Address 1: _____

City: _____ State: _____ Zip+4: _____

Date of Birth: _____

Home Phone: _____

Email Address: _____

Business Phone: _____ Ext: _____

Position/Title: _____

Type ID & #: _____

How did you hear about Liberty Bay?

- Newspaper Radio Mail Internet
- Friend or Family TV Liberty Bay Associate
- Other: _____

Applicant 2

Name: _____
First, Middle Initial, Last

SSN#: _____

Mother's Maiden Name: _____

Address 1: _____

City: _____ State: _____ Zip+4: _____

Date of Birth: _____

Home Phone: _____

Email Address: _____

Business Phone: _____ Ext: _____

Position/Title: _____

Type ID & #: _____

Applicant 3

Name: _____
First, Middle Initial, Last

SSN#: _____

Mother's Maiden Name: _____

Address 1: _____

City: _____ State: _____ Zip+4: _____

Date of Birth: _____

Home Phone: _____

Email Address: _____

Business Phone: _____ Ext: _____

Position/Title: _____

Type ID & #: _____

Applicant 4

Name: _____
First, Middle Initial, Last

SSN#: _____

Mother's Maiden Name: _____

Address 1: _____

City: _____ State: _____ Zip+4: _____

Date of Birth: _____

Home Phone: _____

Email Address: _____

Business Phone: _____ Ext: _____

Position/Title: _____

Type ID & #: _____

I/We hereby make application for Membership in Liberty Bay Credit Union. I/We hereby agree to the By-Law, Rules and Regulations of the Credit Union now in force and any that may hereafter be adopted. I/We acknowledge receipt of the Fee Schedule and applicable Account Disclosures and agree to be bound by the terms and conditions set forth therein, as may be amended from time to time. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, National Check Protection Service. In order to comply with the fair Credit Reporting Acts and other consumer reporting laws (both federal and state) we must notify you of the following: a consumer report may be requested from a credit reporting agency, relative to its file background information. I/We, also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, I/we certify that the information on the Application is true, correct and complete and I/we certify that the number shown on this card is my/our correct taxpayer identification number and that I/we are not subject to backup withholding due to underreporting. I/We understand that the use of Liberty Bay Credit Union MasterCard Debit Card is governed by the terms and conditions set forth in the cardholder agreement and loan agreement and hereby agree to the bylaws, rules and regulation of Liberty Bay Credit Union, those now in force and any which may be hereafter adopted.

Authorized Signature 1: _____ Date: _____

Authorized Signature 2: _____ Date: _____

Authorized Signature 3: _____ Date: _____

Authorized Signature 4: _____ Date: _____

Number of signatures required if more than one: _____

FOR DEPOSITORY INSTITUTION USE ONLY *Information Verification: Employee Name and Date*

I certify that I checked the identification listed with respect to each person named.

Name: _____

Date: _____

I certify that I have checked all government issued lists of terrorists or terrorist organizations required by law (e.g., OFAC list) and that

- I did
- I did not

find any matches with the above name(s).

Name: _____

Date: _____

Disclosure Date: _____

Member Number Assigned: _____