



# Boston College Member Application

<b>Membership</b> <input type="checkbox"/> Single <input type="checkbox"/> Joint	ACCOUNT NO.		Eagle I.D. Number:		
	NAME (PRINT)				
STREET					
CITY		STATE	ZIP		
E-MAIL ADDRESS					
SOCIAL SECURITY NO.			DATE OF BIRTH		
HOME PHONE		WORK PHONE			
MOTHER'S MAIDEN NAME					
SIGNATURE				DATE	
<b>Joint Information</b>	NAME (PRINT)				
	STREET				
	CITY		STATE	ZIP	
	E-MAIL ADDRESS				
	SOCIAL SECURITY NO.			DATE OF BIRTH	
	HOME PHONE		WORK PHONE		
	MOTHER'S MAIDEN NAME				
	SIGNATURE				DATE

I/We hereby make application for membership in Metro Credit Union. I/We hereby agree to the By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. I/We acknowledge receipt of the Truth In Savings Agreement, 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, eFunds. In order to comply with the Fair Credit Reporting Act 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. If applying for an ATM/Debit Card Card(s), I/We understand that the use of Metro Credit Union's ATM/Debit Card is governed by the terms and conditions set forth in the cardholder agreement and hereby agree to the bylaws, rules and regulations of Metro Credit Union, those now in force and any which may be hereafter adopted.



Enter Total Deduction Amounts:	
I HEREBY AUTHORIZE BOSTON COLLEGE CONTROL NO. _____	
to <input type="checkbox"/> START DEDUCTION	
THE TOTAL AMOUNT TO BE DEDUCTED FROM MY PAY IS:	
<input type="checkbox"/> NET PAY OR <input type="checkbox"/> \$ _____	
I AM PAID:	
<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	

Enter Allocations Amounts:				
<input type="checkbox"/> Savings Account	\$	<b>Annual Disbursement from Club Account:</b>	<b>IRA Accumulator</b>	
<input type="checkbox"/> My Reward Savings	\$			\$
<input type="checkbox"/> Homebuyer Savings	\$			<input type="checkbox"/> Roth
<input type="checkbox"/> Christmas Club	\$			<input type="checkbox"/> Traditional
<input type="checkbox"/> Vacation Club	\$	<input type="checkbox"/> Transfer to Checking	<input type="checkbox"/> Education	
<input type="checkbox"/> Free Checking	\$	<input type="checkbox"/> Transfer to Savings		
<input type="checkbox"/> My Reward Checking	\$	<b>Overdraft Protection</b>	<b>Other</b>	
<input type="checkbox"/> Prestige Checking	\$	<input type="checkbox"/> Please Send App.	\$	

METRO'S ROUTING AND TRANSIT NO. 211381990

**Please mail to:** Deposit Operations  
 Metro Credit Union  
 200 Revere Beach Parkway  
 Chelsea, MA 02150