Welcome to Metro@work, a member-owned financial institution that wants to help your employees achieve financial wellness.

DEPOSITINS AT METRO CREDIT UNION ARE FEDERALLY INSURED UP TO $250,000 BY THE NATIONAL CREDIT UNION ADMINISTRATION (NCUA) AND ADDITIONAL FUNDS OVER $250,000 ARE FULLY INSURED BY THE MASSACHUSETTS share INSURANCE CORPORATION (MSIC).
Founded in 1926, Metro is a member-owned financial institution that helps people accomplish their personal and business goals. The philosophy at Metro is ‘people helping people’ which means that we put our members first. We offer a wide variety of deposit and loan products, all designed to help your employees build their savings, buy a home, prepare for retirement or accomplish any other dream they may have. Plus we are a leader in providing financial education to employees.

**WE MAKE IT EASY!**

Offering Metro@work provides your employees with a comprehensive source of financial products and services. Getting the program launched is easy — we do all the work (and you get all the credit!) with our turnkey approach. We have a dedicated team of employees who will come on-site and meet with your employees, present free financial wellness seminars, and provide all the materials they’ll need to join Metro Credit Union. Deposits and loan payments are conveniently made through payroll deduction PLUS we have an internal department dedicated to assisting you with employee direct deposit.

**INTERESTED?** Call Kristen Nemeth, our Business Development Officer at 877.MY.METRO (696.3507) and we’ll get started bringing Metro@work to your employees!
MEMBERSHIP APPLICATION

INSTRUCTIONS

To open an account, complete the Membership Application.
Forward completed application to Metro via one of these four options:

- **eFAX**
  617.830.0634

- **SECURE EMAIL**
  You will need to register to send secure email.
  **GO TO:**
  https://www.metrocu.org/secure
  **SELECT:**
  New to secure email?
  Register

- **MAIL (USPS)**
  Metro Credit Union
  200 Revere Beach Parkway
  Chelsea, MA 02150
  Attn: Deposit Operations/SEG Services

- **DROP OFF**
  Visit any of Metro’s branch locations and drop off your completed application.

Metro will open your account and mail your new account number to you.

**QUESTIONS?**

- email Metro at Payroll@MetroCU.org
- Call 977.MY.METRO (696.3876) extension 7555, option 5

**MEMBERSHIP APPLICATION**

**ACCOUNT NO.** (Provided by Metro Credit Union)

**NAME (PRINT)**

**STREET**

**CITY**

**STATE**

**ZIP**

**E-MAIL ADDRESS**

**SOCIAL SECURITY NO.**

**DATE OF BIRTH**

**HOME PHONE**

**CELL PHONE**

**WORK PHONE**

**MOTHER’S MAIDEN NAME**

**SIGNATURE**

**EMPLOYER/STATE AGENCY**

**DATE**

**MEMBERSHIP: Single | Joint | DEBIT CARD: Yes | No | ATM CARD: Yes | No**

Photo copy of I.D. required to add joint owner to 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 who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

We hereby make application for membership in Metro Credit Union. We hereby agree to the By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. We agree to be bound by the terms and conditions set forth therein as may be amended from time to time of the Truth In Savings Agreement, Fee Schedule and applicable account disclosures. We understand that these disclosures (as applicable) will be delivered to me once my membership has been opened, and we may obtain a copy of these disclosures at any branch location, or on the Metro website. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, ChexSystems. 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. We also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, we certify that the information on the Membership Application is true, correct and complete and (We certify that the number shown on this Membership Application is my/our correct taxpayer identification number(s) and that (We are not subject to backup withholding due to under reporting. If applying for an ATM/Debit Card(s), we understand that the use of Metro Credit Union’s Visa® Debit Card/ATM Card is governed by the terms and conditions set forth in the cardholder agreement.

**Federally insured by NCUA  Member MSIC**
I HEREBY AUTHORIZE MY EMPLOYER TO:

☐ START Deduction  ☐ CHANGE Deduction  ☐ STOP Deduction

I AM PAID:

☐ Weekly  ☐ Bi-Weekly  ☐ Semi-Monthly  ☐ Monthly

ENTER TOTAL DEDUCTION AMOUNTS

$ ____________________  To My Reward Checking
$ ____________________  To Free Checking
$ ____________________  To My Reward Savings
$ ____________________  To Regular Savings
$ ____________________  Loan Payment
$ ____________________  To Christmas Club
$ ____________________  To Vacation Club

Annual Disbursement from Club Account

☐ Transfer to Checking  ☐ Transfer to Savings

Deduction Amounts for IRA

$ ____________________  To IRA Accumulator
$ ____________________  To Roth IRA
$ ____________________  To Traditional IRA
$ ____________________  To Education IRA

NEW MEMBER DIRECT DEPOSIT

I hereby authorize my employer to start deductions as follows:
The total amount to be deducted from my paycheck is $ ________________

OR  ☐ Please deposit my paycheck in full

SIGNATURE: ____________________________________________

Date: ____________________________________________

EXISTING MEMBER DIRECT DEPOSIT CHANGES

I hereby authorize my employer to start/change deductions as follows:
The total amount to be deducted from my paycheck is $ ________________

OR  ☐ Please deposit my paycheck in full

SIGNATURE: ____________________________________________

Date: ____________________________________________

PAYSTUB INFORMATION (IF APPLICABLE)

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