



# Student PAK Application

PLEASE PRINT				<b>SECTION 1: Your Information</b>			
FIRST NAME:		LAST NAME:		MI:		SOCIAL SECURITY NUMBER/TIN:	
RESIDENCY: IF YOU DO NOT HAVE A U.S. SOCIAL SECURITY NUMBER, please fill out a W8 form.							
<input type="checkbox"/> I am a U.S. citizen or permanent resident alien				<input type="checkbox"/> I am a non-permanent resident alien			
STUDENT STATUS							
<input type="checkbox"/> I am an undergraduate at MIT in the class of _____				<input type="checkbox"/> I am an undergraduate student at _____ class of _____			
<input type="checkbox"/> I am a graduate student at MIT				<input type="checkbox"/> I am a graduate student at _____			
BIRTHDATE:		GENDER:		E-MAIL ADDRESS: For account & informational e-mails from mitfcu@mit.edu			
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
PRIMARY PHONE NUMBER:		SECONDARY PHONE NUMBER:		MIT ID NUMBER: If applicable			
LOCAL ADDRESS: Please fill in your dorm or Cambridge-area address below. If necessary, write "I do not know my local address yet" and contact us to update it later.							
STREET ADDRESS				CITY		STATE	ZIP
SECOND ADDRESS: Please provide another address below (i.e., your parent's home or your non-local residence).							
STREET ADDRESS				CITY		STATE	ZIP
SEND MY MONTHLY STATEMENTS & OTHER ACCOUNT NOTIFICATIONS TO:				HOW DID YOU HEAR ABOUT MITFCU?			
<input type="checkbox"/> My local address <input type="checkbox"/> My second address				<input type="checkbox"/> Referral <input type="checkbox"/> Walk by <input type="checkbox"/> Mailing/Ad			
Provide us with copies of the following: (1) your Passport or U.S. Driver's License (2) your MIT ID or acceptance letter to the Institute.							
<b>SECTION 2: Joint Owner's Information</b>							
Adding a joint owner to your account is completely optional. Some students choose to add their spouse or a parent. See Section 5 on the back of this application for more information about joint owners. If you do not want a joint owner on your account, simply skip this section.							
FIRST NAME:		LAST NAME:		MI:		SOCIAL SECURITY NUMBER/TIN:	
BIRTHDATE:		GENDER:		E-MAIL ADDRESS:			
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
PHONE NUMBER:		RELATIONSHIP TO APPLICANT:		MIT ID NUMBER: If applicable			
MAILING ADDRESS: If your address is the same as the primary owner's, simply write "Same as local address" or "Same as second address" below.							
Provide us with a copy of the joint owner's Passport or U.S. Driver's License.							
<b>SECTION 3: Accounts and Services</b>							
<input checked="" type="checkbox"/> <b>I would like to open a savings account</b>							
A savings account is required to open a membership with MITFCU. A minimum balance of \$5 is required to maintain your membership.							
<input type="checkbox"/> <b>I would like to open a checking account</b>							
How many Debit MasterCard® do you want? Your Debit MasterCard will allow you to use ATMs to access your checking and savings accounts. You can also make debit purchases, which draw on funds from your checking account.							
<input type="checkbox"/> 1 <input type="checkbox"/> 2 (1 for me & 1 for my joint owner)							
I need checks: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="font-size: small; color: #005596;">Many students do not order checks because they use their debit card and online bill payment. If you wish to order checks at a later date, your first order is always free.</span>							
I want the following information printed on my checks? <input type="checkbox"/> My name <input type="checkbox"/> Joint owner's name <input type="checkbox"/> Local Address <input type="checkbox"/> Second Address <input type="checkbox"/> Phone							
Starting Check Number: _____ <span style="font-size: small; color: #005596;">Most people choose 1001 as their starting check number.</span>							
Optional Share to Share Overdraft Protection: \$5 per use--In the event of nonsufficient funds in your checking account, funds are transferred from your savings account to cover checks or online payments that would otherwise bounce (and carry a \$25 fee).							
<input type="checkbox"/> Accept <input type="checkbox"/> Decline <span style="font-size: small; color: #005596;">This application cannot be processed unless you accept or decline this agreement.</span>							
<input type="checkbox"/> <b>Hold my checks, credit card, and/or debit card at the Student Center Branch (W20-116)</b>							

I would like to apply for a Visa® Classic credit card

Acceptance Agreement:  I certify that I am at least 18 years of age.

Credit Limit:  \$1,000  I would like to apply for a higher credit limit of \_\_\_\_\_

My annual pre-tax income is \_\_\_\_\_ and my monthly housing cost is \_\_\_\_\_

Please include a copy of a recent pay stub for income verification purposes

Co-signer Information

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Annual pre-tax income: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized User:  Please make the joint owner of my account an authorized user on my Visa credit card. I understand that he/she will be issued a credit card that is linked to my account.

Annual Percentage Rate for Purchases	Variable Rate Information	Other APRs	Grace Period (for purchases)	Finance Charge Minimum	Method of Computing Balance
<b>Visa Platinum</b> <b>8.99%</b> (Prime Rate + 5.74%)	These rates are accurate as of 4/11/2010. The Annual Percentage Rate is subject to change on the statement cycle date of each quarter (January, April, July & October) to reflect any change in the Index and will be determined by the Prime Rate ten (10) days prior to the first day of the first month of the new quarter found in <i>The Wall Street Journal</i> "Money Rates" table plus 5.74% (Platinum) and 7.74% (Classic). Any increase in the annual percentage rate will take the form of additional payments shown as Total Minimum Payments on the statement. If the Index is no longer available, the credit union will choose a new index which is based upon comparable information. The APR will never be greater than 18%.	<b>Visa Platinum</b> Cash Advance* <b>8.99%</b> (Prime Rate + 5.74%)	25 Days	None	Average Daily Balance (including new purchases)
<b>Visa Classic</b> <b>10.99%</b> (Prime Rate + 7.74%)		Default Rate** <b>16.99%</b>			
		<b>Visa Classic</b> Cash Advance* <b>10.99%</b> (Prime Rate + 7.74%)			
		Default Rate** <b>16.99%</b>			
Foreign Purchases: All foreign transactions completed by you or a merchant outside of the U.S. will incur a 1% International Transaction Processing Fee, in addition to all current international and currency fees. The maximum % charged per foreign transaction will not exceed 2% of the transaction. *Cash advances begin accruing interest on the date you receive them (as do balance transfers). **The default rate applies if you are 30 days past due three times in a 12-month period or 60 days past due once in a 12-month period in making a payment.				Other Fees: (a) Late Payment Fee: \$25 (b) Return Payment Fee: \$25 (c) Rush Plastic Fee: \$50	

This request is submitted to obtain credit and I/we certify that all information provided is true and complete. I/we authorize the Credit Union to verify or obtain further information deemed necessary concerning my/our credit standing. By signing below, I grant MITFCU a security interest in all individual and joint share and/or deposit accounts I have with the Credit Union now and in the future to secure my credit card account. When I am in default, MITFCU may apply the balance in these accounts to any amounts due under the credit card agreement. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest. If this application is approved and a Visa credit card(s) is/are issued, I/we acknowledge that by signing, using, or permitting another person to use the Visa credit card(s), I/we agree to be bound by the terms and conditions accompanying the Visa credit card(s) and all its amendments. To maintain this card, I recognize that I must be a member of MIT Federal Credit Union with a minimum balance of \$5 in my savings account. I accept all responsibility for all authorized user purchases.

X \_\_\_\_\_  
 YOUR SIGNATURE DATE

X \_\_\_\_\_  
 AUTHORIZED CO-SIGNER'S SIGNATURE DATE

**SECTION 4: Certification of Taxpayer Identification Number (TIN)**

TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

For most individuals, your TIN is your Social Security Number. If you are a resident alien who does not have and is not eligible to get an SSN, please use your Individual Taxpayer Identification Number. If you are a non-permanent resident alien, please leave this portion blank and fill out a WB.

Under penalties of perjury, I certify that: (1) The number I have provided on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of 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 a U.S. citizen or permanent resident alien. CERTIFICATION INSTRUCTIONS: You must cross out item two 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. IMPORTANT INFORMATION: We are required by federal law to obtain, verify, and record information that identifies each person who opens or has access to an MITFCU account. We will ask for your legal name, residential address, taxpayer identification number, phone number, and date of birth.

**SECTION 5: Agreements and Signatures**

I certify that I am within the field of membership for reasons I outlined in Section 1 on the reverse. The information I have provided on this form is true, correct, and complete; if proven otherwise, you may demand payment in full on my outstanding debt with MITFCU and you may revoke any services I use. Signing and/or using my PIN constitutes an agreement to conform to the terms and conditions of the "Truth in Savings Disclosure and Account Agreements"; the "Electronic Services Disclosure and Agreements"; the "Visa Credit Card Agreement"; the "Federal Truth in Lending Disclosure"; and the "Schedule of Fees and Service Charges", all of which are incorporated by this reference whether applicable to products and services I am currently requesting or those I may request in the future. MIT TouchTone Teller and e-Branch Online Banking System will be immediately accessible upon receipt of my Electronic Services PIN, which will be issued to me seven to ten business days after I open my account. I may obtain a copy of any of these disclosures at any branch office or by calling MITFCU at 617.253.2845 during normal business hours. These disclosures (as applicable) will be mailed to me once my membership has been opened. If I (the primary owner) am under 18 years of age, I understand that I must have a parent or guardian serve as a joint owner on my MITFCU checking account. I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time and understand that you may make credit decisions and other decisions based in part on this information. IF I COMPLETED SECTION 2, I authorize MITFCU to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now, heretofore, or hereafter paid in/on shares by any/all of 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/survivors 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 any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners except by written notice to said Credit Union, which shall not affect transactions theretofore made.

X \_\_\_\_\_  
 YOUR SIGNATURE DATE

X \_\_\_\_\_  
 JOINT OWNER'S SIGNATURE DATE

CREDIT UNION USE ONLY

Member Number: \_\_\_\_\_ Debit Card Number: \_\_\_\_\_ Visa Card Number: \_\_\_\_\_

Notes: \_\_\_\_\_