



7905 Malcolm Road - Suite 311
Clinton, MD 20735
(800) USPS-FCU (877-7328) Fax: (301) 856-4061

Savings Account Application

ACCOUNT NUMBER: _____

This form must be completed and signed. No verbal requests can be accepted.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI
ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS	HOME PHONE	DAY PHONE

Money Market Savings Account (MMSA) (minimum \$5,000)

Amount: \$ _____

Share Certificate Account (minimum \$250) with a term of:

<input type="checkbox"/>	12-Months	Amount: _____
<input type="checkbox"/>	24-Months	Amount: _____
<input type="checkbox"/>	36-Month	Amount: _____
<input type="checkbox"/>	60-Months	Amount: _____

Starter Share Certificate (minimum \$1)

12-Month (\$1,000 max) Amount: \$ _____

Young Savers Certificate (minimum \$1) with a term of:

12-Month (\$1,000 max.) Amount: \$ _____

36-Month (\$3,000 max.) Amount: \$ _____

Monthly Income Share Certificate Account (MISCA) 24-Months Term

(minimum \$10,000) Amount: \$ _____

Money Market Certificate Account (MMCA) 6-Months Term

(minimum \$5,000) Amount: \$ _____

Club Accounts

Amount: \$ _____

Vacation Savings

Tax Savings

Christmas Savings

Special Purpose Savings

TOTAL: \$ _____ Fund

account(s) by transferring from:

Primary Savings Checking Other _____

PRIMARY APPLICANT'S SIGNATURE

DATE

JOINT APPLICANT'S SIGNATURE

DATE

For Credit Union Use Only

Received by: _____ **(Initials & Teller #)** **Date Received:** _____ **Date Opened:** _____

Mail (with check) to:

**U.S. Postal Service Federal Credit Union
7905 Malcolm Road, Suite 311
Clinton, MD 20735-1730**

Or Bring to a Credit Union Branch Near You!

You may also fax this application to 301-856-4061