

**MDOT Federal Credit Union**  
Membership Application

**Account Type**

Please Select:

Share/Savings       Share Draft/Checking

**Please enter Member Account Owner information:**

Member/Owner \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Date of Birth \_\_\_\_\_

MDOT Division Employed by: \_\_\_\_\_

Full Time    Part-Time    Contract    Employment Date: \_\_\_\_\_

**Will this account have a joint owner?**   Yes    No

If yes, complete joint owner information:

Joint Owner Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Eligibility for Membership (Please select)**

MDOT Employee    Spouse of MDOT Employee    Child of MDOT Employee

**Please let us know what types of services you are interested in:**

Payroll Deduction/Direct Deposit    Share Draft/Checking    ATM Card

Debit Card

Audio Response

PC Home Banking

**Account Owner Signature** \_\_\_\_\_

Date: \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_

Date: \_\_\_\_\_