



Lafayette Federal Credit Union

CONVENIENCE PERSON APPLICATION

The following person(s) shall each be a convenience person. Each is authorized by me under the Maryland Multiple Party Account law to withdraw funds from the account or sub-account listed:

Account #	Type
Account #	Type

This authority will end automatically upon revocation by me, at my death (upon notice to the Credit Union) or upon the order of any joint accountholder with survivorship rights after my death. No funds in the account listed shall belong to the Convenience Person listed by reason of that capacity.

1.	
Name (Please print)	
Address	City, State, Zip
SSN	Date of Birth
Signature of Convenience Person	
2.	
Name (Please print)	
Address	City, State, Zip
SSN	Date of Birth
Signature of Convenience Person	

Signature of Member

Date