

Convenience Person Application

Please complete this form and send it to us via fax at 240-747-3379; email to memberservice@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

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: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Signature of Convenience Person: _____

2.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Signature of Convenience Person: _____

Member's Signature: _____ Date: _____