



APPLICATION FOR MEMBERSHIP

Fill in all of the requested information and sign where necessary. All persons authorized to use the account must sign the application.

Your application will be reviewed for membership eligibility and verified through a credit reporting agency and Chexsystems. Upon approval of your application, you will be mailed a copy of our Membership and Account Agreement within 10 days of your submission of application.

Return the following items:

- The completed application with the appropriate signatures.
- Provide CLEAR copies of two forms of I.D. of all primary and joint owners.
- Minimum deposit for each account requested:
 - Savings Accounts: \$10 (minimum required to join Credit Union of Georgia)
 - Checking Accounts: \$25

Mail all of these items to:

Credit Union of Georgia
P.O. Box 2148
Woodstock, Georgia
30188-1375

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means to you:** When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Designate the ownership of the accounts and responsibility for the services requested.

- Individual** **Joint Account with Survivorship** **Joint Account without Survivorship**

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone _____	Date of Birth _____
Listed/Unlisted _____	Mother's Maiden Name _____
Work Phone _____	Employer _____
E-mail _____	Eligibility for Membership _____
Joint Owner _____	Joint Owner _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
Work Phone _____	Work Phone _____
E-mail _____	E-mail _____
SSN/TIN _____ Date of Birth _____	SSN/TIN _____ Date of Birth _____
Driver's Lic. No. _____	Driver's Lic. No. _____
Mother's Maiden Name _____	Mother's Maiden Name _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

- Share/Savings _____ Suffix* _____ Share Certificate _____ Suffix* _____
- Share Draft/Checking Type: _____ Other _____

ACCOUNT SERVICES

- Direct Deposit _____ eBranch (Internet Banking) _____
- MARS (Telephone Banking) _____ ATM Card _____
- Overdraft Protection (indicate transfer priority below) _____ Debit Card _____
- _____ Other _____

ACCOUNT DESIGNATIONS

Designate the ownership of the accounts and responsibility for the services requested.

- Payable on Death (POD) Trust Account** All accounts Designate specific account(s) _____

Beneficiary/POD Payee _____	Beneficiary/POD Payee _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number,*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a 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. person (including a U.S. resident alien).*

Certification Instructions: Cross out item 2 above 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X	
SIGNATURE	DATE

X	
SIGNATURE	DATE

X	
SIGNATURE	DATE

X	
SIGNATURE	DATE