

# Switching Made Easy!

## Step 1:

Tell us about yourself.

- **Application for Membership**

## Step 2:

Tell us what needs to be changed.

- **Change Direct Deposit**
- **Change Automatic Withdrawal**
- **Transfer Vehicle Loan and/or Credit Card Balance**
- **Close Account**

## Step 3:

You have four easy options for submitting your completed forms.

- **Bring them to any branch location**
- **Mail them to: PO Box 2148, Woodstock, GA 30188**
- **Email them to [mbr-svs@CUofGA.org](mailto:mbr-svs@CUofGA.org)**
- **Fax them to 678-486-1191**

*Please include 2 forms of ID, \$10 Membership Fee, and your minimum deposit(s) for the account(s) you are opening.*

## Step 4:

Now all you have to do is sit back, relax, and let us handle the rest! You will receive your new account information within ten business days from the day we receive your information. If you have any questions, please contact our MAPS (Mail and Phone Services) department at 678-486-1111.

CREDIT UNION *of*  
**GEORGIA**



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, Street, City/State/Zip, Home Phone, Listed/Unlisted, Work Phone, E-mail, Eligibility for Membership, Joint Owner, SSN/TIN, Date of Birth, Driver's Lic. No., Mother's Maiden Name, Employer/Occupation

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, Share Certificate, Share Draft/Checking Type, Other

ACCOUNT SERVICES

- Direct Deposit, Home Banking (eBranch), MARS (Telephone Banking), ATM Card, Overdraft Protection, 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, Street, 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.

Signature and Date box 1

Signature and Date box 2

Signature and Date box 3

Signature and Date box 4

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:

- Completed application with signatures, CLEAR copies of I.D., Minimum deposit for each account requested: Membership Fee: \$10, Savings Accounts: \$10, Checking Accounts: \$25

Mail all of these items to:

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



CHANGE  
PAYROLL  
DIRECT DEPOSIT

Date \_\_\_\_\_

Employer/Depositor's Name \_\_\_\_\_

Employer/Depositor's Address \_\_\_\_\_

Employer/Depositor's City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently depositing

- MY ENTIRE PAYCHECK     PART OF MY PAYCHECK

to the following account:

Old Financial Institution: \_\_\_\_\_

Old Routing Number: \_\_\_\_\_

Old Account Number: \_\_\_\_\_

Please stop making deposits into that account and instead make them to:

Credit Union of Georgia

Routing Number: 261171493

Account Number: \_\_\_\_\_

If you have any questions concerning this request, please contact me during the

- DAY     EVENING

at \_\_\_\_\_ (phone number).

Thank you.

Sincerely,

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Information Your Employer May Need (SSN, Employer ID#) \_\_\_\_\_

**\*MEMBER NOTE:** If you need your deposit to be allocated to your other Credit Union of Georgia accounts, then don't forget to ask for and fill out an Credit Union of Georgia Account Distribution Card.



CHANGE  
AUTOMATIC  
WITHDRAWAL

Date \_\_\_\_\_

Employer/Depositor's Name \_\_\_\_\_

Employer/Depositor's Address \_\_\_\_\_

Employer/Depositor's City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently withdrawing

\$ \_\_\_\_\_ (amount)

for my \_\_\_\_\_ (what payment is for),

\_\_\_\_\_ (account or other identifying number),

\_\_\_\_\_ (when/date) from the following account:

Old Financial Institution: \_\_\_\_\_

Old Routing Number: \_\_\_\_\_

Old Account Number: \_\_\_\_\_

Please stop making withdrawals from that account and instead make them from:

Credit Union of Georgia

Routing Number: 261171493

Account Number: \_\_\_\_\_

If you have any questions concerning this request, please contact me during the

DAY     EVENING

at \_\_\_\_\_ (phone number).

Thank you.

Sincerely,

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_



SWITCH APPLICATION

TRANSFER VEHICLE LOAN

TRANSFER CREDIT CARD BALANCE

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. & State \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Vehicle (Make/Model/Year) \_\_\_\_\_

Body Style \_\_\_\_\_ Doors \_\_\_\_\_

Mileage \_\_\_\_\_ Vehicle VIN Number \_\_\_\_\_

Amount Transferring \_\_\_\_\_ Term Remaining (months) \_\_\_\_\_ Loan ID # \_\_\_\_\_

Institution Loan Financed Through \_\_\_\_\_ Phone # \_\_\_\_\_

Institution Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

DISCLOSURE: You promise that everything you have stated in this Vehicle Loan Transfer is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

Type of Card  VISA  MasterCard  Discover  American Express  Other \_\_\_\_\_

Creditor Name \_\_\_\_\_ Account Number \_\_\_\_\_

Payment Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Creditor's Phone Number \_\_\_\_\_

Exact Amount to be Paid \_\_\_\_\_

Type of Card  VISA  MasterCard  Discover  American Express  Other \_\_\_\_\_

Creditor Name \_\_\_\_\_ Account Number \_\_\_\_\_

Payment Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Creditor's Phone Number \_\_\_\_\_

Exact Amount to be Paid \_\_\_\_\_

DISCLOSURE: If transfer information is incomplete Credit Union of Georgia will not be able to process the transfer request. Transfers will only be sent to recognized creditors or financial institutions and will not be sent to your home or billing address. Please continue to make minimum required payment until the request transfer payment appears on the account's billing statement. Credit Union of Georgia is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other issuers. While Credit Union of Georgia can pay your accounts directly, Credit Union of Georgia cannot close them for you. If you wish to close any of the transfer accounts, you must do so yourself. Account balance transfers are contingent upon account set-up and assigned credit limit. In some cases, Credit Union of Georgia may not be able to process a balance transfer request.

By signing, I authorize Credit Union of Georgia to pay on my behalf the balance or portion of the balance I have designated. I have read and agree to the conditions above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CreditSafe

Are you interested in having your family, assets or credit rating protected? Click on one of the options below to express your interest. A separate election which discloses the terms and conditions must be signed for protection to become effective.

- CreditSafe Option 1 (Coverage for up to two applicants)
• Loss Of Life cancels balance up to \$100,000\*
• Disability cancels payment up to 12 months or \$12,000
• Unemployment cancels payment up to 6 months or \$3,000

- CreditSafe Option 2 (Coverage for up to two applicants)
• Loss Of Life cancels balance up to \$100,000\*
• Unemployment cancels payment up to 6 months or \$3,000

- CreditSafe Option 3 (Coverage for up to two applicants)
• Loss Of Life cancels balance up to \$100,000\*
• Disability cancels payment up to 12 months or \$12,000

- CreditSafe Option 4 (Coverage for up to two applicants)
• Loss Of Life cancels balance up to \$100,000\*

- Send me a quote for CreditSafe.
Send me additional information about CreditSafe.

- Waiver of Coverage
• I do not want to protect my loan(s) against life events such as Loss of Life, Disability, and Unemployment.

\*If you die before the end of the month during which you reach age 70, we will cancel the lesser of 100% of the protected balance or \$100,000. If you die after the end of the month during which you reach age 70, we will cancel the lesser of 25% of the protected balance or \$25,000.

CLOSE  
ACCOUNT  
AT ANOTHER  
FINANCIAL  
INSTITUTION

Date \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Financial Institution's City, State, Zip \_\_\_\_\_

To Whom It May Concern:

Please close my account

\_\_\_\_\_ (account number),

and send a check for the remaining balance to me at the address listed below.

Thank you.

Sincerely,

Signature \_\_\_\_\_

Co-Signer Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

Co-Signer Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_