

Account Form

New Member Existing Member

PRIMARY MEMBER INFORMATION

Member Name _____ Member # _____
Street _____ Account # _____
City/State/Zip _____ SSN/TIN _____
Monthly MTG/Rent Payment \$ _____ Own Rent Date of Birth _____
Employer Name _____ Job Title _____ Employment Date _____
Home Phone _____
Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.
Employment Income \$ _____ per _____ Other income \$ _____ Work Phone _____
Email Address _____ Cell Phone _____
Driver's License # _____ State _____ Issue Date _____ Exp Date _____
 U. S. Citizen U. S. Resident Alien NOT a U. S. Citizen or Resident Alien Mother's Maiden Name _____

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 may ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

ELIGIBILITY FOR MEMBERSHIP

Employed by Sponsor Group Resident of _____ County _____
 Georgia's Own Foundation Getting Ahead Association Qualified by Family Member Name _____

ACCOUNT AND SERVICES

Savings Checking VISA® Debit Card Money Market Savings Certificate IRA Other: _____
(Additional forms/disclosures required)

JOINT OWNERS

Joint Owner 1 Name: _____ SSN/TIN _____
Street _____ Date of Birth _____
City/State/Zip _____ Home Phone _____
Employer Name _____ Job Title _____ Work Phone _____
Relation to Member _____ Email Address _____ Cell Phone _____
Driver's License # _____ State _____ Issue Date _____ Exp Date _____
 Joint VISA® Debit Card U. S. Citizen U. S. Resident Alien NOT a U. S. Citizen or Resident Alien
 Use this SSN/TIN as Taxpayer Number for the following account(s): _____

Joint Owner 2 Name: _____ SSN/TIN _____
Street _____ Date of Birth _____
City/State/Zip _____ Home Phone _____
Employer Name _____ Job Title _____ Work Phone _____
Relation to Member _____ Email Address _____ Cell Phone _____
Driver's License # _____ State _____ Issue Date _____ Exp Date _____
 Joint VISA® Debit Card U. S. Citizen U. S. Resident Alien NOT a U. S. Citizen or Resident Alien
 Use this SSN/TIN as Taxpayer Number for the following account(s): _____

Name Change

New Name _____ Former Name _____

Remove Joint Owner(s)

Name to remove _____ SSN _____
List Account #s _____

Joint Account Owner(s) may only be removed in limited cases of death or upon minors reaching age of majority. Removed joint account owner(s) relinquish ownership interest including any membership share in the account(s) listed. This relinquishment does not affect obligations on any loan account(s). Removal of a joint owner does not affect past liabilities on the account. The Credit Union restricts the removal of Joint Owner(s) in all other situations.

ACCOUNT DESIGNATIONS

- Add Beneficiary to existing account
Delete Beneficiary
Change Account Designation
Payable on Death (POD) Account
Specify Account(s):

POD BENEFICIARIES

Beneficiary SSN Beneficiary SSN
Phone Number Date of Birth Phone Number Date of Birth
Address Address
Address Address

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...
(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States...
(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) Exemption from FATCA reporting code (if any)

SIGNATURES

BY SIGNING BELOW, YOU AUTHORIZE GEORGIA'S OWN CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGES USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION (EITHER DIRECTLY OR INDIRECTLY), OR AGREE TO ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICE (INCLUDING A LOAN). You may withdraw the consent set forth herein by written notice to us at P.O. Box 105205 Atlanta, GA, 30348, via phone at 800-533-2062 or by any other reasonable means.

savings account, checking account, or savings certificate account you have requested in this application and which you obtain from us and (2) that the Membership Account Agreement and the Electronic Fund Transfers Agreement and Disclosures are all intended to be instruments under seal.

3. By signing below you acknowledge and agree that any updates identified herein amend the previously signed Account Form(s), and are subject to the terms and conditions of the applicable disclosures noted above.

4. By executing this Account Form you agree we and our third-party debt collectors may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your cellular device by written notice to us at P.O. Box 105205 Atlanta, GA, 30348, by email to DoNotCallMyCell@georgiasown.org, via phone at 800-533-2062 or by any other reasonable means. If you have provided a wireless telephone number (cell phone number) on or in connection with this application, you represent and agree you are the wireless (cell phone) subscriber with respect to the wireless telephone number (cell phone number) provided. You represent and agree further you are and will be the wireless telephone (cell phone) subscriber with respect to each wireless telephone number (cell phone number) provided by you to the Credit Union.

5. The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

X Signature (Member) Date

X Signature (Joint Owner 1) Date

X Signature (Joint Owner 2) Date

1. You promise that everything you have stated on this Account Form or provided verbally to us in connection with this application is correct. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for membership. You authorize the Credit Union to use your credit reports for marketing purposes, including but not limited to loan pre-approvals, and in considering whether to offer you other credit and services. You understand the Credit Union will rely on the information on this application and in your credit reports to make its decision. If there are any important changes you will notify us in writing immediately. You also agree to notify us of any changes in your name, address or employment within a reasonable time thereafter.

2. By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Privacy Disclosure, Electronic Fund Transfer Agreement and Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. Your signature below means (1) that you agree to the terms and conditions of the disclosures/agreements that apply to any EFT service,

X Signature (Member) Date

X Signature (Joint Owner 1) Date

X Signature (Joint Owner 2) Date

Credit Union Use Only

Date Opened by

- Checked Identification Other Identification Information:
Credit Report/OFAC Member Services Guide TIS TCPA Verafin Reg E Opt In

Comments: