



P.O. Box 105205
 Atlanta, GA 30348
 georgiasown.org
 Phone: 404-874-1166
 800-533-2062
 Fax: 404-575-1818

Add / Change Form

SUBSEQUENT ACTION

Member Name _____ Account #/Trailer _____
 Home Phone _____ Work Phone _____ Cell Phone _____

SUBSEQUENT ACTION

I / We authorize the Credit Union to make and accept the following changes to my/our accounts.

Type of Change

Add Account / Service Change Account / Service Delete Account / Service Trailer(s) _____

Account / Service Type

Savings Money Market IRA Home Banking
(Additional forms/disclosures required)
 Checking Savings Certificate Other: _____

Joint Account Owner(s)

Joint Owner:
 Mr. Mrs. Ms. _____ SSN/TIN _____
 Street _____ Date of Birth _____
 City/State/Zip _____ Job Title _____ Home Phone _____
 Relation to Member _____ Email Address _____ Work Phone _____
 Driver's License # _____ State _____ Expire Date _____ Cell Phone _____
 Joint VISA® Check Card **or** ATM Card U. S. Citizen U. S. Resident Alien NOT U. S. Citizen or Resident Alien
 Use this SSN/TIN as Taxpayer Number for the following account(s): _____

Joint Owner
 Mr. Mrs. Ms. _____ SSN/TIN _____
 Street _____ Date of Birth _____
 City/State/Zip _____ Job Title _____ Home Phone _____
 Relation to Member _____ Email Address _____ Work Phone _____
 Driver's License # _____ State _____ Expire Date _____ Cell Phone _____
 Joint VISA® Check Card **or** ATM Card U. S. Citizen U. S. Resident Alien NOT U. S. Citizen or Resident Alien
 Use this SSN/TIN as Taxpayer Number for the following account(s): _____

VISA® Check Card/ATM Card

VISA® Check Card: Add Delete Name on Card: _____
 ATM Card: Add Delete Name on Card: _____
 Card Access Change: Name: _____ Card #: _____ Access Account: _____

Name Change

New Name _____ Former Name _____
 SSN _____ List all accounts to change _____
 Identification provided: _____

Close Account

List Account #(s) _____

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 _____
 Relationship _____ Date of Birth _____ Relationship _____ Date of Birth _____
 Address _____ Address _____
 Address _____ Address _____

Remove Joint Owner(s)

Name to remove _____ SSN _____
 List Account #s _____

If required by the Credit Union, removal of a Joint Account Owner requires consent of all account owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner relinquishes ownership interest including any membership share in the account(s) listed above. This relinquishment does not affect my/our obligations on any loan account(s). Removal of a joint owner does not affect past liabilities on this account.

Overdraft Protection

List Account #s _____ Add Change Delete None
 Priority: Acct. #1 _____ Acct. #2 _____ Acct. #3 _____ Acct. #4 _____

Change Taxpayer Identification Number

List Account #(s) _____ New TIN/SSN _____ Name _____

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
 (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. 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 or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).

Certification Instructions: Cross out item 2 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.

CONSENT TO CONTACT

1. 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.

X _____
 Signature (Member) Date

X _____
 Signature (Joint Owner 1) Date

X _____
 Signature (Joint Owner 2) Date

2. By executing this Add/Change Form (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 Form, 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.

AUTHORIZATION

I / We agree that the changes on this form amend the previously signed Account Card/Membership Application and are subject to the terms and conditions of the Privacy Disclosure, Membership and Account Agreement, Truth in Savings Disclosure, and 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 Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I / We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure which is intended to be an instrument under seal.

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 (_____) (seal) Date

X

Signature (_____) (seal) Date

X

Signature (_____) (seal) Date

Credit Union Use Only See Add / Change Account Form

Date _____ Approved by _____ # _____ Opened by _____ # _____
 Checked Identification Other Identification Information: _____
 Credit Report/OFAC Member Services Guide TIS Addendum Verifin Source Code: _____
 Discussed ODP Discussed Opt-In Comments: _____