

# Account Form

New  Update

## PRIMARY MEMBER INFORMATION

Member Name	_____	Account #	_____
Street	_____	SSN/TIN	_____
City/State/Zip	_____	Date of Birth	_____
Monthly MTG/Rent Payment	\$ _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Employer Name	_____	Job Title	_____
Employment Date	_____		
Employer Address	_____	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	_____
<input type="checkbox"/> U. S. Citizen	<input type="checkbox"/> U. S. Resident Alien	<input type="checkbox"/> 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

Getting Ahead Association  Qualified by Family Member Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

## ACCOUNT AND SERVICES

Savings  Checking  VISA® Debit Card  Money Market  Savings Certificate  IRA  Other: \_\_\_\_\_

(Additional forms/disclosures required)

## JOINT OWNERS

Joint Owner 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	_____
<input type="checkbox"/> Joint VISA® Debit Card	<input type="checkbox"/> U. S. Citizen	<input type="checkbox"/> U. S. Resident Alien	<input type="checkbox"/> NOT a U. S. Citizen or Resident Alien
<input type="checkbox"/> Use this SSN/TIN as Taxpayer Number for the following account(s): _____			

Joint Owner 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	_____
<input type="checkbox"/> Joint VISA® Debit Card	<input type="checkbox"/> U. S. Citizen	<input type="checkbox"/> U. S. Resident Alien	<input type="checkbox"/> NOT a U. S. Citizen or Resident Alien
<input type="checkbox"/> 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 \_\_\_\_\_

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.

ACCOUNT DESIGNATIONS

- Input fields for account designations: Add Beneficiary, Delete Beneficiary, Change Account Designation, Payable on Death (POD) Account, Specify Account(s).

POD BENEFICIARIES

Form for POD beneficiaries with fields for Beneficiary, SSN, Relationship, Date of Birth, and Address.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- Certification instructions (1) through (4) regarding taxpayer identification and backup withholding.

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.

Exempt payee code (if any) and Exemption from FATCA reporting code (if any) fields.

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 TELEMARTETING CALLS AND TEXT MESSAGES USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE.

the disclosures/agreements that apply to any EFT service, 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.

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 and for other accounts, products, or services we may offer you or for which you may qualify.

2. By signing below you acknowledge receipt of a copy of the Privacy Disclosure, Membership Account Agreement, Funds Availability Disclosure (which applies to any checking accounts you open), Electronic Fund Transfer Agreement and Disclosure (which applies to any electronic fund transfer services you obtain), Truth in Savings Disclosure (which apply to any Savings, Checking, Saving Certificates or other accounts you open), and Truth in Savings Fee Schedule (which applies to any Savings, Checking, Saving Certificates or other accounts you open) at the establishment of your membership opening.

X Signature (Member) Date

X Signature (Joint Owner 1) Date

X Signature (Joint Owner 2) Date

Credit Union Use Only

Form for credit union use only with fields for Date, Approved by, #, Opened by, #, and various checkboxes for identification and services.