

Georgia Guard Credit Union  
1030 Shurling Dr. @GMI/RTI  
Macon, GA 31211  
(478)741-4428 Local  
(478)741-9502



Account Number

Please cut and retain for your records

**MEMBERSHIP ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member/Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Street \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
City/State/Zip \_\_\_\_\_ Mother's MAIDEN Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Unit \_\_\_\_\_ Location: \_\_\_\_\_  
Eligibility for Membership: Active Retired Former Family \_\_\_\_\_

**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: You agree to notify GGCU in writing if these do not apply.*

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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. The persons signing this agreement authorizes the Credit Union to obtain pertinent information for the purposes of establishing this account. If an access card or EFT service is requested and provided, I/we agree to the terms of an 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 \_\_\_\_\_  
Primary Account Holder Signature Date

X \_\_\_\_\_  
Secondary Account Holder Signature Date

***In accordance with the USA Patriot Act, all applicants must provide current picture identification that verifies identity including name, address, and other identifying information.***

ID Attached ID Faxed

**For Use by Guard Officials or Recruiters:**

I certify that I am setting up an account and sending in a Direct Deposit for this person to GA Guard Credit Union.

Signed: \_\_\_\_\_ Gd. Off or Recruiter

Rank \_\_\_\_\_

PH # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_

**ACCOUNT OWNERSHIP/DESIGNATIONS**

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

Payable on Death (POD/Trust Account)       Joint with Survivorship

(Please complete ALL fields)

Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Ph (\_\_\_\_) \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_  
Cell/Work (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

OFAC

**Checking/Share Draft Agreement & VISA DEBIT/CHECK CARD REQUEST**

*I/We hereby request the Georgia Guard Credit Union to establish this Share Draft Account for the undersigned and to charge all such payments against the shares in this Account. It is further agreed that:*

The account is also subject to such other terms, conditions, and service charges as the credit union may establish from time to time. The persons signing this agreement authorize the Credit Union to obtain pertinent information for the purposes of establishing this account. If this agreement is signed by more than one person, the persons signing below shall be joint owners of this account, which, in that event, shall be subject to the additional terms of the Membership and Account Agreement Funds Availability Policy, and the EFT agreement and disclosure.

*A checking account is required to receive a VISA Debit/Check Card.* I acknowledge GGCU will not be responsible for any unauthorized transactions. My signature authorizes GGCU to run a credit report and acknowledges receipt of the Membership Agreement and Disclosure, Funds Availability Policy, and the EFT agreement and disclosure.

I/we request this service       Not at this time.

Primary/Sign \_\_\_\_\_ Joint/Sign \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Entered Date \_\_\_\_\_ By \_\_\_\_\_ Membership Opened \_\_\_\_\_ By \_\_\_\_\_ Member Pkg Sent \_\_\_\_  OFAC

Form of ID:       Drivers License # \_\_\_\_\_ State \_\_\_\_\_       Military ID \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_      Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_