

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: _____