

Georgia Guard Credit Union
1030 Shurling Dr. @ GMI/RTI
Macon, GA 31211
(478)741-7728 Local
(888)999-4428 Toll Free
(478)741-9502



Account Number

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

(Please complete all fields)

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. 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 _____
Signature Date

X _____
Signature Date

MEMBERSHIP ACCOUNT TYPES

All of the terms, conditions, form of account ownership, account selection, and other information indicated on this card apply to all deposit accounts unless the credit union is notified in writing of a change. Please select the type of account you wish to open.

Share/Savings

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
PH # () _____

Rank _____
Fax # () _____

Checking/Share Draft Agreement

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/we request this service

Not at this time.

Primary/Sign _____

Date _____

Joint/Sign _____

Date _____

Please type or print information as it appears on checks:

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Starting Check Number: _____

Check Style Product Code _____

(If no choice, leave blank. See www.libertychecks.com for choices)

****Check orders will be sent to address printed on checks unless otherwise noted****

GGCU VISA DEBIT/CHECK CARD REQUEST

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 _____

Date _____

Joint/Sign _____

Date _____

AUTO BILL PAY AGREEMENT

I understand that the Bill Paying Account is a Recurring Entry Service of the Credit Union and subject to a monthly or item fee as determined by the Board of Directors. By signing below, I am requesting this service and agree to the terms set forth on this account. Furthermore, I understand that it is my responsibility to have funds available in my account for the payment of the bills listed below and *to cancel payment of any of the bills authorized, I will notify the Credit Union in writing, with a minimum notice of 3 business days prior to due date.* Any special handlings of payment for these bills are subject to approval by the Credit Union.

I/we request this service

Not at this time.

Primary/Sign _____

Date _____

Joint/Sign _____

Date _____

ACCOUNT OWNERSHIP

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

(Please complete ALL fields)

Multiple Party with Survivorship

Multiple party without Survivorship

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth ____/____/____

Home Phone(____) _____ Cell/Work (____) _____

E-mail _____ ****Joint Owner ID Required****

ACCOUNT DESIGNATIONS

Payable on Death (POD/Trust Account)

All Accounts Specific Account(s)

(Please complete ALL fields)

Beneficiary _____

Street _____

City/State/Zip _____

Minor's TIN/SSN _____

UTTMA/UGMA Agency _____

FOR CREDIT UNION USE ONLY

See Account Change Card

Entered Date _____ By _____ Membership/ Opened/ _____ By _____ Member Pkg Sent _____ Acct Chg/FM Done _____

OFAC

Check Verify

Passport # _____

MMAT

P/C Access

Form of ID: Drivers License # _____ State _____

Military ID _____

Issue Date: _____ Exp. Date: _____

Issue Date: _____ Exp. Date: _____