



PO Box 100070
 Duluth, Georgia 30096-9370
 888.493.4328

**MEMBERSHIP AND ACCOUNT
 APPLICATION AND SIGNATURE CARD**

PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:

<input type="checkbox"/> Primary Savings ____	<input type="checkbox"/> Secondary Savings ____	<input type="checkbox"/> Unified Checking ____	Credit Union Use Only: Member No. _____
<input type="checkbox"/> Sterling Fund (Money Market) ____	<input type="checkbox"/> Christmas Club ____	<input type="checkbox"/> Vacation Club ____	
<input type="checkbox"/> Simple Checking ____	<input type="checkbox"/> Money Masters Teen Checking ____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Certificate with the following term: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months			

I AM: **An existing member. My member number is:** _____
 A new member. I qualify for membership because I _____

I AM THE PRIMARY MEMBER OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)

LAST NAME	FIRST NAME	MIDDLE	SUFFIX
HOME ADDRESS (must be a street address; PO Boxes are not acceptable)		APT/UNIT #	CITY STATE ZIP
MAILING ADDRESS (If different from Home Address)		APT/UNIT #	CITY STATE ZIP

DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
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I do not have a state-issued driver's license. In order for you to verify my identity, I am providing:

TYPE OF ID	ID NUMBER	STATE OF ISSUANCE	ISSUE DATE	EXPIRATION DATE
EMPLOYER'S NAME		OCCUPATION	POSITION/TITLE	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME EMAIL ADDRESS	WORK EMAIL ADDRESS

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME	FIRST NAME	MIDDLE	SUFFIX
HOME ADDRESS (must be a street address; PO Boxes are not acceptable)		APT/UNIT #	CITY STATE ZIP
MAILING ADDRESS (If different from Home Address)		APT/UNIT #	CITY STATE ZIP

DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
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EMPLOYER'S NAME	OCCUPATION	POSITION/TITLE		
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME EMAIL ADDRESS	WORK EMAIL ADDRESS

ALL JOINT OWNERS MUST SIGN THIS APPLICATION.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- | | |
|--|---|
| <input type="checkbox"/> I am a U.S. Citizen | <input type="checkbox"/> I am subject to backup withholding |
| <input type="checkbox"/> I am not a U.S. Citizen and agree to complete a W-8 or other applicable form. | <input type="checkbox"/> I am not subject to backup withholding due to failure to report interest and dividend income |

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the Credit Union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

Communications Consent. If a cell number or text contact (together "contact") is provided above; or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact may be by dialing the cell phone, automatic dialer, text, or prerecorded messages. I/we understand that this consent is not required to obtain any loan or services from the Credit Union. I understand that I am not required to provide my consent as a condition of receiving any service from the Credit Union, and that I have the right to revoke consent for any and all contacts provided at any time.

Suspension of electronic services and access to share or deposit accounts. By signing below, I understand and agree that you may suspend some or all electronic services and access to my checking or other account(s) if I become delinquent on any of my loan or deposit obligations to you or I cause a loss to you, in accordance with applicable law. You shall not be liable to me in any regard in connection with such suspension of services.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Security Interest. All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

Important Notice About Procedures for Opening a New Account. 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. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

The Internal Revenue Service (IRS) does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

CREDIT UNION USE ONLY

DATE OPENED	EMPLOYEE NAME