

Member # _____

Name _____ SSN/EIN _____ Date of Birth _____

Street Address _____ Driver's License # _____

Mailing Address _____ Mother's Maiden Name _____

E-Mail _____ Employer _____ How did you hear about GHCU? _____

Phone - Home _____ Work _____ Cell _____ GHCU.org _____

Accounts and Services

For jointly owned accounts, the designation below refers to the ownership information indicated for this member number.

<input type="checkbox"/> Primary Savings	<input type="checkbox"/> Overdraft Protection Membership # _____
<input type="checkbox"/> My Savings	_____
<input type="checkbox"/> Extra Savings	_____
<input type="checkbox"/> Youth Savings	Transfer Priority:
<input type="checkbox"/> CUDL Savings	_____ Savings 0
<input type="checkbox"/> Premium Plus	_____ Premium 0
<input type="checkbox"/> Silver Horizons Membership	_____ EZ Line 0
<input type="checkbox"/> Checking with Visa Debit card	_____
<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Cross Member transfer _____
<input type="checkbox"/> Other _____	Cash Machine Card Primary: <input type="checkbox"/> Joint: <input type="checkbox"/>

TIN and Backup Withholding Certification

By signing below, I certify, under penalties of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown or Employer Identification Number (EIN) shown is my/the correct identification number and (3) I am NOT subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or (c) the IRS has notified me that I am no longer subject backup withholding.

Certification instructions.

You must cross out item 3 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 3 does not apply.

Authorization

I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosures, Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Fund Transfer Agreement, and to any future amendments you make from time to time which are incorporated herein. I/We agree the Member and Ownership information herein is correct and acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein. The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding. I/we irrevocably waive the right to dispose by will of any of my/our accounts with the Credit Union, now and in the future. All owners must sign.

X _____
 Signature of Member Date

X _____
 Signature of Joint Owner 1 Date

X _____
 Signature of Joint Owner 2 Date

Ownership
Designate type of ownership

Individual Joint with Right of Survivorship Representative Payee

1. Joint Owner/Signer _____

Mailing Address _____

SSN _____ Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Phone H _____ Cell _____ Work _____

Employer _____ E-Mail _____

2. Joint Owner/Signer _____

Mailing Address _____

SSN _____ Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Phone H _____ Cell _____ Work _____

Employer _____ E-Mail _____

Trustee/Guardian/Custodian _____

SSN _____ Driver's License # _____

Date of Birth _____ Mother's Maiden Name _____

Employer _____ E-Mail _____

Phone H _____ Cell _____ Work _____

UTTMA _____

Minor's SSN _____

Association/Organization (Complete Authorization form)

Beneficiaries

Beneficiary _____

Relationship _____

Beneficiary _____

Relationship _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING OR CREATING A NEW MEMBER RELATIONSHIP WITH OUR INSTITUTION

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 or creates a new member relationship with our credit union.

What this means for you: 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 specific documentation to verify your identity.

For Credit Union Use Only

Primary ID *

Individual

Joint 1

Joint 2

Identificaton Verified	Individual		Joint 1		Joint 2	
	ID Number	Expiration Date	ID Number	Expiration Date	ID Number	Expiration Date
Driver's License						
State Issued ID Card						
Matricula Consular						
US Passport						
Alien ID Card						
Valid Military ID						

Secondary ID **

Individual

Joint 1

Joint 2

Identificaton Verified	Individual		Joint 1		Joint 2	
	ID Number	Expiration Date	ID Number	Expiration Date	ID Number	Expiration Date
Employee ID						
High School/College ID						
Social Security Card						
Major Credit Card(last 5 digits)						
Welfare ID						
Medical Card						
Insurance Card						
Voter ID						
Other (requires mgr approval)						
Meets ChexSystems Guidelines ***	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Initials of approving Manager If Individual(s) does not meet ChexSystems Guidelines: _____

Date of Card _____ Office Web Method Opened GHCU.org

Prepared by: _____ Verified By: _____ Total ID: _____

Opening deposit by PRD/DD SEG Code: _____

* Primary ID must be scanned

** Two forms of ID must be verified

***ChexSystems qualification required for all new Checking Accounts unless approved by a Manager