

Membership Application



6251 Crooked Creek Road, Peachtree Corners, Georgia 30092-3107
770.448.8200 • 800.952.1927 • acuonline.org

Date _____ Member Number _____

New Membership Name Change _____

PRODUCT SELECTION (*Qualifications May Be Required)

Primary Share Account _____ Checking Account Club Account CU \$aveMore Account Money Market

Debit Card Selection (With Checking Only. Select One.) Debit Card Debit Card (Primary & Joint) No Cards

PRIMARY APPLICANT INFORMATION

Name _____ Suffix Sr. Jr. III SSN _____ TIN/ITIN _____

Physical Address _____

Buying/Own with Mortgage Own - Free and Clear Rent Live with Parents Government Quarters Other Length at Address _____

Mailing Address _____

E-mail _____ Home Phone _____ Cell Phone _____

Business Phone _____ Ext. _____ Date of Birth _____ Citizenship U.S. Permanent Resident

Employment Information Employed Self-Employed Student Military Retired Homemaker Other

Employer _____ How Long? _____ Job Title _____

Identification Information Driver's License State Issued ID Card State Issued _____ Permanent Resident Card Military ID

ID Number _____ Date Issued _____ Expiration Date _____

JOINT APPLICANT INFORMATION

Name _____ Suffix Sr. Jr. III SSN _____ TIN/ITIN _____

Physical Address _____

Buying/Own with Mortgage Own - Free and Clear Rent Live with Parents Government Quarters Other Length at Address _____

Mailing Address _____

E-mail _____ Home Phone _____ Cell Phone _____

Business Phone _____ Ext. _____ Date of Birth _____ Citizenship U.S. Permanent Resident

Employment Information Employed Self-Employed Student Military Retired Homemaker Other

Employer _____ How Long? _____ Job Title _____

Identification Information Driver's License State Issued ID Card State Issued _____ Permanent Resident Card Military ID

ID Number _____ Date Issued _____ Expiration Date _____

Joint Owner For The Following Accounts Primary Share _____ Checking _____ Club CU \$aveMore Money Market

If you would like to add a Beneficiary, please fill out "Add Beneficiary To Account (ACU 128)"

REQUIRED IDENTIFICATION

All owners must provide a copy of their photo driver's license or a state-issued identification card. Applications received without a signature and copies of the requested ID cannot be processed. Name changes must be accompanied by legal documents and valid ID reflecting name change.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing the SIGNATURES section, 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, (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, (3) I am a U.S. person (including a U.S. resident alien), and (4) FACTA exemption code not applicable.

Certification Instructions: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

I Certify That I Am: Not Subject To Backup Withholding
 Subject To Backup Withholding
 Not A U.S. Citizen or Resident Alien (Complete W-8 Form)

PRIMARY SIGNATURE REQUIRED

1. You promise that everything you have stated on this application or provided verbally to us in connection with this application is correct. You authorize the Credit Union to check your employment and credit history and to obtain credit reports now, and from time to time as it deems necessary, on all signees in connection with your request for membership or for any update. You understand the Credit Union will rely on the information on this application and in your credit reports to make its decision. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.
2. By signing below you acknowledge receipt of a copy of the Account Agreements & Disclosures, which contain Account Agreements and Disclosures, Truth-In-Savings Disclosure, Member Overdraft Privilege Policy, Funds Availability Disclosure, Electronic Funds Transfer Agreement and Disclosure, Privacy Policy, eNotice Disclosure and Fair and Accurate Credit Transactions Disclosure.
3. The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.
4. You hereby make application for membership in and agree to conform to the Bylaws, or any amendment thereof, of Associated Credit Union.

IMPORTANT NOTICE

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we ask for information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Primary Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

Solicitud de membresía



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Fecha _____ Número de miembro _____

Nueva membresía Cambio de nombre _____

SELECCIÓN DEL PRODUCTO (*SE PUEDEN REQUERIR CALIFICACIONES)

Cuenta de participación principal _____ Cuenta de cheques Cuenta del Club Cuenta CU \$aveMore Mercado monetario

Selección de la tarjeta de débito (solo con cuentas de cheques. Seleccione una opción). Tarjeta de débito Tarjeta de débito (principal y conjunta) Sin tarjetas

INFORMACIÓN DEL SOLICITANTE PRINCIPAL

Nombre _____ Sufijo Sr. Jr. III SSN _____ TIN/ITIN _____

Dirección de la casa _____

Comprada/propia con hipoteca Propia – libre de deudas y obligaciones Renta Vive con sus padres Viviendas del gobierno Otro Tiempo de residencia en la dirección _____

Dirección postal _____

Correo electrónico _____ Teléfono de casa _____ Teléfono celular _____

Teléfono del trabajo _____ Ext. _____ Fecha de nacimiento _____ Ciudadanía EE. UU. Residente permanente

Información de empleo Empleado Trabajador independiente Estudiante Militar Jubilado Ama de casa Otro

Empleador _____ ¿Hace cuánto tiempo? _____ Cargo del trabajo _____

Información de identificación Licencia de conducir Documento de identidad emitido por el estado Estado de emisión _____ Tarjeta de residente permanente Identificación militar

Número de identificación _____ Fecha de emisión _____ Fecha de vencimiento _____

INFORMACIÓN DE LA SOLICITUD CONJUNTA

Nombre _____ Sufijo Sr. Jr. III SSN _____ TIN/ITIN _____

Dirección de la casa _____

Comprada/propia con hipoteca Propia – libre de deudas y obligaciones Renta Vive con sus padres Viviendas del gobierno Otro Tiempo de residencia en la dirección _____

Dirección postal _____

Correo electrónico _____ Teléfono de casa _____ Teléfono celular _____

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Número de identificación _____ Fecha de emisión _____ Fecha de vencimiento _____

Cotitular de las siguientes cuentas Cuenta de participación principal _____ Cuenta de cheques _____ Club CU \$aveMore Mercado Monetario

Si quiere agregar un beneficiario, complete "Add Beneficiary To Account (ACU 128)"

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2. By signing below you acknowledge receipt of a copy of the Account Agreements & Disclosures, which contain Account Agreements and Disclosures, Truth-In-Savings Disclosure, Member Overdraft Privilege Policy, Funds Availability Disclosure, Electronic Funds Transfer Agreement and Disclosure, Privacy Policy, eNotice Disclosure and Fair and Accurate Credit Transactions Disclosure.
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Firma del miembro principal

Fecha

Firma del cotitular

Fecha