

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

CDD ACCOUNT OPENING QUESTIONS

Do you anticipate making regular cash deposits exceeding \$3,000 on a monthly basis?

☐ Yes

☐ No

Do you anticipate making regular cash withdrawals exceeding \$3,000 on a monthly basis?

☐ Yes

☐ No

Do you anticipate sending or receiving International wire transfers?

☐ Yes

☐ No

How many electronic transactions (ACH, PayPal, Venmo, Cash App, etc.) are anticipated per month?

☐ 0-25

☐ 26-50

☐ 51-99

☐ 100+

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 Account ☐ _____ Checking ☐ Club Account ☐ 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)

***Consent to Contact:** If a cell number is provided above; or if I/we later provide such to Associated 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, autodialer, text, or robo text methods. 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.

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 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.

Primary Member Signature

Date

Joint Owner Signature

Date

ACU 3210 (Rev 01/21)