

Please provide all of the requested information. When you have completed the form, simply print this form and fax it to the GSA Federal Credit Union for processing at (202) 488-8555. Please send your initial \$5.00 deposit to finalize opening this account.

**1. ACCOUNT TYPE/SERVICES**

**SAVINGS**

- SHARE (SAVINGS)
- CHRISTMAS CLUB
- VACATION CLUB
- Share Certificates
- IRA Share

**CHECKING**

- PRIMARY CHECKING
- Internet Checking

**SERVICES**

- PAYROLL DEPOSIT
- DIRECT DEPOSIT
- DEBIT/ATM CARD
- OVERDRAFT PROTECTION
- Audio Response
- PC/Access/Internet Banking
- Bill Payer

**2. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because 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 because the IRS has notified me that I am no longer subject to backup withholding.

- I AM SUBJECT TO BACKUP WITHHOLDING
- EXEMPT
- I AM NOT A UNITED STATES CITIZEN OR RESIDENT (COMPLETE W-8 FORM)

**3. MEMBER APPLICATION AND INFORMATION**

|                      |                      |                      |                            |                            |
|----------------------|----------------------|----------------------|----------------------------|----------------------------|
| FIRST NAME           | MI                   | LAST NAME            | SSN/TIN                    | DRIVERS LIC NO             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/>       |
| STREET ADDRESS       |                      |                      | DATE OF BIRTH              | MOTHER'S MAIDEN NAME       |
| <input type="text"/> |                      |                      | <input type="text"/>       | <input type="text"/>       |
| CITY                 | ST                   | ZIP                  | HOME PHONE                 | WORK PHONE                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | ( ) - <input type="text"/> | ( ) - <input type="text"/> |
| EMPLOYMENT           |                      |                      | ELIGIBILITY FOR MEMBERSHIP |                            |
| <input type="text"/> |                      |                      | <input type="text"/>       |                            |

**4. ACCOUNT OWNERSHIP**

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

- SINGLE PARTY
- MULTIPLE PARY WITH SURVIVORSHIP
- MULTIPLE PARY WITHOUT SURVIVORSHIP

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| JOINT OWNER NAME     | MI                   | LAST NAME            | JOINT OWNER NAME     | MI                   | LAST NAME            |
| <input type="text"/> |
| STREET ADDRESS       |                      |                      | STREET ADDRESS       |                      |                      |
| <input type="text"/> |                      |                      | <input type="text"/> |                      |                      |
| CITY                 | ST                   | ZIP                  | CITY                 | ST                   | ZIP                  |
| <input type="text"/> |
| HOME PHONE           | WORK PHONE           |                      | HOME PHONE           | WORK PHONE           |                      |
| <input type="text"/> | <input type="text"/> |                      | <input type="text"/> | <input type="text"/> |                      |

( ) - ( ) -

SSN/TIN DRIVERS LIC NO

[ ] [ ]

DATE OF BIRTH MOTHER'S MAIDEN NAME

[ ] [ ]

( ) - ( ) -

SSN/TIN DRIVERS LIC NO

[ ] [ ]

DATE OF BIRTH MOTHER'S MAIDEN NAME

[ ] [ ]

### 5. ACCOUNT DESIGNATIONS

PAYABLE ON DEATH (POD)/TRUST ACCOUNT

DESIGNATE SPECIFIC ACCOUNT(S)

ALL ACCOUNTS

[ ]

BENEFICIARY NAME MI LAST NAME

[ ] [ ] [ ]

BENEFICIARY NAME MI LAST NAME

[ ] [ ] [ ]

STREET ADDRESS

[ ]

STREET ADDRESS

[ ]

CITY ST ZIP

[ ] [ ] [ ]

CITY ST ZIP

[ ] [ ] [ ]

SSN/TIN RELATION TO MEMBER

[ ] [ ]

SSN/TIN RELATION TO MEMBER

[ ] [ ]

**TUTMA** (AS CUSTODIAN FOR (MINOR) UNDER THE TEXAS UNIFORM TRANSFERS TO MINORS ACT) MINOR'S SSN/TIN

[ ]

### 6. CLUB ACCOUNT MATURITY OPTIONS

If you have selected a Club Savings Account(s), please select one maturity option for such account(s). If you have selected both a Christmas Club and Vacation Club account, indicate which option you would like by placing 1B beside the option you want for your Christmas Club and 1C beside the option you want for your Vacation Club at maturity.

- MAIL A CHECK FOR THE BALANCE IN MY ACCOUNT TO MY ADDRESS ON FILE WITH THE CREDIT UNION
- DEPOSIT THE BALANCE IN MY CLUB ACCOUNT TO MY REGULAR SHARE (SAVINGS) ACCOUNT WITH THE CREDIT UNION
- DEPOSIT THE BALANCE IN MY CLUB ACCOUNT TO MY CHECKING ACCOUNT WITH THE CREDIT UNION
- DEPOSIT THE BALANCE IN MY CLUB ACCOUNT BACK INTO MY CLUB ACCOUNT

### 7. AUTHORIZATION

By signing below, you agree to the terms and conditions of the 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. You 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, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer agreement. In considering this application and/or any request for financial services, you authorize the Credit Union to check your credit and employment history, to request and use reports regarding same, and to answer questions about it's credit experience with you. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE