

Tabernacle Federal Credit Union Membership Application

Date _____ Member Number _____

1223 Laney Walker Blvd, Augusta, GA 30901
706.922.1955/tabfcu@tbcaugusta.org

New Membership Name Change _____

PRODUCT SELECTION (*Qualifications May Be Required)

Primary Share Account Club Account: _____ Vacation _____ Christmas _____ Kids _____

PRIMARY APPLICANT INFORMATION

Name _____ Suffix Sr. Jr. III SSN _____

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

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Joint Owner For The Following Accounts Primary Share _____ Club

If you would like to add a Beneficiary, please fill out "Add Beneficiary To Account Form"

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)

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

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.

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.

Primary Member Signature

Date

Joint Owner Signature

Date

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.