

MEMBERSHIP/CHECKING ACCOUNT APPLICATION

Print, complete, and return your application along with \$25 check for your opening deposit to your local branch or mail to GE Credit Union, 265 Sub Way, Milford, CT 06461.

A \$25.00 deposit is enclosed to open my Share (Savings) Account and join the GE Credit Union family!

Eligibility for Membership: Employer _____

I am related to a member: Name _____ Relationship _____

Residency: I live work worship volunteer attend school in _____

APPLICANT

Member Number
(To be Completed by Credit Union)

Name _____

SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ License No. _____ State _____

Date of Birth _____ Email _____

Mother's Maiden Name _____

CO-APPLICANT With Survivorship Without Survivorship Custodian (if Applicant is a minor)

Name _____

SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ License No. _____ State _____

Date of Birth _____ Email _____

BENEFICIARY(IES), if other than above, to be paid upon death.

Account Designations Payable on Death (POD) Trust Accounts All Accounts Designate Specific Account(s)

Beneficiary Name _____ Date of Birth _____ SS# _____

Street _____ City _____ State _____ Zip _____

Beneficiary Name _____ Date of Birth _____ SS# _____

Street _____ City _____ State _____ Zip _____

ADDITIONAL OPTIONS

For all accounts:

Yes! I want to enroll in Online Banker. (Contact a Member Service Representative to get your log-in information.)

Overdraft Privilege (for debit cards):

Yes! I want GE Credit Union to authorize and pay overdrafts on my everyday debit card transactions.

I understand I will be charged an Overdraft fee each time an overdraft is paid.

For checking accounts:

Yes! I would like to open a 3Point Checking Account. **Yes!** Send me a debit card. **Yes!** I am a student.

TIN CERTIFICATION AND BACK-UP WITHHOLDING INFORMATION

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; or
(b) I have not been notified by the 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; AND
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: Cross out item (2) above 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.

AUTHORIZATION

This section MUST be completed.

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure (if applicable), and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a Debit Card is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I/We agree to authorize GE Credit Union to obtain a Credit Report to answer questions about my/our credit experience.

Please provide a copy of your Driver's License and recent payroll stub if applicable.

X
SIGNATURE _____ DATE _____

X
SIGNATURE _____ DATE _____

X
SIGNATURE _____ DATE _____