



P.O. Box 1509
Fayetteville, GA 30214-6509
770.719.1111 | 800.338.5882

1. Member Information: Print Your Full Legal Name [Including Middle Initial and Suffixes – Jr., Sr.]:			Account Number:	
Date of Birth			Social Security Number:	
Primary Phone: <input type="checkbox"/> Text		Secondary Phone: <input type="checkbox"/> Text		Driver's License Number:
Street Address:		Apt.#:		State of Issuance:
City		State		Issue Date:
Mailing Address (If Different from Street Address)		Zip Code		Expiration Date:
City		State		E-Mail Address
City		State		Employer:
City, State Zip:		Zip Code		Occupation:
2. I certify that I am eligible for Credit Union Membership based on the following: (Please check one of the following)				
<input type="checkbox"/> Employer/Association		Name of Employer, Family Member, or County of Residence/Work: _____		
<input type="checkbox"/> Family Member		Address: _____		
<input type="checkbox"/> County of Residence/Work		City, State Zip: _____		
3. Parties designated as JOINT OWNERS are deemed "Joint Owners with Right of Survivorship". For Payable on Death (POD) designation, please select appropriate option. SELECTION MUST BE MADE BY MEMBER:				
<input type="checkbox"/> Joint Owner or <input type="checkbox"/> POD (print full legal name)		Date of Birth:		Social Security Number:
Primary Phone: <input type="checkbox"/> Text		Secondary Phone: <input type="checkbox"/> Text		Driver's License Number:
Address:		E-Mail Address:		State of Issuance:
City, State Zip		Issue Date:		Expiration Date:
City, State Zip		Occupation:		Employer:
<input type="checkbox"/> Joint Owner or <input type="checkbox"/> POD (print full legal name)		Date of Birth:		Social Security Number:
Primary Phone: <input type="checkbox"/> Text		Secondary Phone: <input type="checkbox"/> Text		Driver's License Number:
Address:		E-Mail Address:		State of Issuance:
City, State Zip		Issue Date:		Expiration Date:
City, State Zip		Occupation:		Employer:
<input type="checkbox"/> Joint Owner or <input type="checkbox"/> POD (print full legal name)		Date of Birth:		Social Security Number:
Primary Phone: <input type="checkbox"/> Text		Secondary Phone: <input type="checkbox"/> Text		Driver's License Number:
Address:		E-Mail Address:		State of Issuance:
City, State Zip		Issue Date:		Expiration Date:
City, State Zip		Occupation:		Employer:
4. eStatements: I elect to receive my periodic statements and notices electronically (please initial): _____				
5. Password Protection (REQUIRED): For security purposes to access information about your accounts via the telephone, you are required to provide a password. Your password may be alpha or numeric and up to ten characters in length.				
PASSWORD: _____				

SEE THE REVERSE SIDE OF THIS APPLICATION FOR SIGNATURES,
IMPORTANT AGREEMENTS, AND CERTIFICATIONS TO US
AND THE FEDERAL GOVERNMENT



THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

W-9 CERTIFICATION – IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:

I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws, or (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 and (3) I am a U.S. person (including a U.S. resident alien. Certification instructions: You must 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; and (4) APPLIES TO ACCOUNTS MAINTAINED OUTSIDE THE U.S. -- I am exempt from FATCA Reporting which is the Foreign Account Tax Compliance Act (Generally, the Act requires US persons living outside the US to report their accounts held outside of the US).

W-8 CERTIFICATION – IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document.

POD designations only apply to the Account Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in this account during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly stated in the Membership Account Agreement and Disclosure unless otherwise required by applicable state law.

PAYABLE ON DEATH (POD):– (When you name more than one person as a beneficiary, your account will be paid pro-rata [e.g. 50/50 if 2 persons listed])

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this Card, (together herein referred to as “applicant(s)”) hereby makes application for membership as indicated and agrees to conform to the Bylaws, as may be amended, of The Southern Credit Union (“Credit Union”). Applicants certify the signature(s) on this card apply to the account designated on the reverse side; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in Membership Account Agreement and Disclosure (“MAAD”), Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future as specifically detailed in Section 6 of the MAAD. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account designated on the reverse side secure payment of any account owner’s obligations to the Credit Union.**

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON THE REVERSE SIDE OF THIS CARD):

The owners intend to and hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Account Agreement and Disclosure (“MAAD”) including but not limited to the Credit Union’s rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owners obligations. This designation applies to the account listed on the reverse side of this card or on any change forms/documents.

AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD. I understand and agree that the Patriot’s Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. Transactions to/from any accounts may be limited until ID verification of all persons is completed. **COMMUNICATIONS CONSENT:** If a cell number or text contact (together “contact”) is provided above; or if I/we later provide such to the 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.

1. _____
Signature Date

3. _____
Signature Date

2. _____
Signature Date

4. _____
Signature Date

CREDIT UNION NOTES:

Member Number: _____ Opened By: _____ Open Date: _____

Credit Score: _____ OFAC Verification _____

Approved/Denied by: _____ Date: _____