



ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION

P.O. Box 49169 Atlanta, GA 30359-1169 • 404-325-3270 • 1-800-245-9655 • Fax 678-553-5528 www.cdcfcu.com

MEMBER NUMBER: \_\_\_\_\_
New Member Date
Add Acct/Service^ Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see your driver's license or other identifying documents.

Section A Applicant
Section B Co Applicant
Account Role
(Mr./Mrs.) First Name M.I. Last Name (Jr./Sr.)
Date of Birth SSN/TIN Marital Status
Street Address Yrs. at Address
City State Zip
Home Phone Number Cell Phone Number Work Phone Number
E-mail Address 1 E-mail Address 2
Type of ID Number State Issue Date Exp. Date
Mother's Maiden Name/Password Education Level
Reference Name Reference Phone Number
Membership Eligibility How did you hear about us?
Present Employer Position
Hire Date Annual Salary Age(s) of Dependents

Section C Account Title (If different from name(s) listed in sections A and B above. For Example: Trust, Estate, DBA accounts)

Section D Other Party
Section E Other Party
Account Role
First Name M.I. Last Name
Date of Birth SSN/TIN
Street Address City State Zip
Home Phone Number Cell Phone Number Work Phone Number
E-mail Address Relationship To Member
Type of ID Number State Issue Date Exp. Date

Section F Account(s) Requested
Prime Share Savings Custom Share Savings Checking Account
Money Market IRA (additional forms required) Certificate Account
Christmas Club UTMA (Minor Account) Other:

Section G Account Services: (Select the services requested with regard to the account(s) selected above. NOTE: Some services are not available for certain accounts).
ATM/Debit Card Pay roll Deduction/Direct Deposit\* Overdraft Protection\*
PAL Audio Response Internet Banking Other:

Section H Draw Account(s): (Overdraft Protection will make transfers to your overdrawn account from the draw accounts listed below in the order of priority listed).
1. Savings Checking Line of Credit\*
2. Savings Checking Line of Credit\*
3. Savings Checking Line of Credit\*

\*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.



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Date

**Add Acct/Service** <sup>^</sup> \_\_\_\_\_  
Date

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized, guarantor, co-signer, user or other party signing above, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services/loan(s) and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of CDC Federal Credit Union ("Credit Union"). You certify that you are within the field of membership of this Credit Union if membership is requested. You certify the signature(s) on this application apply to all accounts designated above; and all information provided is true and correct. You also acknowledge that you have received and agree to be bound by any terms and conditions in this application, and in the Accounts & Services Agreement of the Credit Union, 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. 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(s) designated above secure payment of any account owner's obligations to the Credit Union.** This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed above.

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. You understand and agree that the USA PATRIOT 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 APPLICABLE PERSONS IS COMPLETED.**

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:** Under penalties of perjury, each signing party certifies 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 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:** 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.

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**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE):** The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement 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 owner's obligations.

**PAYABLE ON DEATH DESIGNATION:** This POD Designation only applies to the Account(s) Listed on the first page. I/we understand that you can individually or jointly withdraw the money in these accounts during your lifetime. You understand that these accounts will belong to the named beneficiary (ies), and will not be inherited by your heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

**E-Statements and Electronic Disclosure Consent**

I/we consent to electronic disclosure of all Electronic Records as indicated in the Credit Union's Membership Agreement, and confirm that I/we will receive and read the terms and conditions of all agreements, disclosures, notices and other documents provided electronically. If there is more than one Owner or Authorized User, etc., checking this box is intended as a representation to the Credit Union that all such parties consent to these terms and conditions.

The email address to be used for e-Statement and electronic notification: \_\_\_\_\_

**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.**

|   |   |
|---|---|
| 1. _____<br><small>Signature</small> <span style="float:right"><small>Date</small></span> | 3. _____<br><small>Signature</small> <span style="float:right"><small>Date</small></span> |
| 2. _____<br><small>Signature</small> <span style="float:right"><small>Date</small></span> | 4. _____<br><small>Signature</small> <span style="float:right"><small>Date</small></span> |

|  |   |
|--|---|
| <input type="checkbox"/> Checked Identification  | <input type="checkbox"/> Penley/Red Flags |
| <input type="checkbox"/> Credit Report/ChexSystems   | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Membership Agreement  | <input type="checkbox"/> E-statements     |
| <input type="checkbox"/> Truth In Savings  | <input type="checkbox"/> Privacy Notice   |
| <input type="checkbox"/> Opened By   | <input type="checkbox"/> Referred By      |
| Account Opened: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Internet <input type="checkbox"/> Other |   |
| <sup>^</sup> Credit Union Notes  |   |

The above applicant(s) membership approved:

Membership Officer \_\_\_\_\_ Date \_\_\_\_\_