

Goodyear San Angelo Federal Credit Union
Established May 1974 to help each other succeed financially.
You adding to savings – helps us meet other members’ financial needs.

***NON TRANSFERABLE APPLICATION FOR MEMBERSHIP**
(as defined in 121CFR Part 204.)

(FOLLOW ALL INSTRUCTIONS ON PAGE 3)

Important information about Procedures for Opening a New Account.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, or is a co-owner on the account.

What that means for you: When you open an account we will ask 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. Information about others on your account may also be asked for this information. None of the information you provide will be kept in an electronic form.

Acct No: _____(we assign this number) Name _____
 Social Security No: _____ Home phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Bus. Phone: _____
 Date of Birth: _____ Spouse name: _____

Basis for eligibility: _____: I hereby make application for membership in the
 “GOODYEAR SAN ANGELO FEDERAL CREDIT UNION.” I subscribe for at least one share, agree to conform to its rules, regulations, bylaws, and policies now in effect and as amended or adopted here after, and agree to pay any charges or fees which may be required or assessed under such regulations, rules, bylaws and policies. Signed: _____

Applicant signature: _____ who is establishing this account?

Print your name: _____

If the applicant is a minor (name) _____, Sign your name: _____

Date: _____

This application will be approved by the “Membership Officer” and the “Board of Directors”.

A) P.O.D (PAYABLE ON DEATH) ACCOUNT AGREEMENT (should something happen to you – who do you want to inherit this account.

I (we) agree with the credit union that the person(s) named below is (are) designated as P.O.D payee(s). During my (our) lifetime, all funds paid into or deposited in this account, including any earnings thereon, shall be owned by me (us jointly) and payment made upon my (any of our) requests. Upon my death (the death of the last survivor of us) all such funds shall be owned by the P.O.D payee(s) surviving. Any P.O.D payee surviving shall have the right to request payment of any other party with the right to request payment, discharges the credit union from any liability for such payment. I (we) agree that this account and agreement now in effect and as amended or adopted here after, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws and policies. We understand that an attorney should be consulted regarding the validity of any person’s survivorship rights to any funds in this account, or the fitness of this account or agreement for any particular purpose. (designate those who you want to be an heir for your account).

Applicant signature : _____ DATE: _____

Heir: _____ SS# _____ DOB _____

Heir: _____ SS# _____ DOB _____

Heir: _____ SS# _____ DOB _____

B) JOINT SHARE ACCOUNT AGREEMENT (who you want to share in this account)

We agree with each other and the credit union that all funds paid into or deposited in this account, including any earnings thereon, shall be owned by us jointly, with the right of survivorship. On the death of one party to this joint account, all sums in the account on the date of death vest in and belong to the surviving party(s) as his or her separate property and estate. If we are married to each other, any sum in this account which constitutes community property becomes the property of the surviving spouse on the death of a spouse. Payment of funds in this account may be made upon request by any of us. Any payments made at the request of any one person or us with the right to request payment discharge the credit union from any liability for such payment. Without the necessity of withdrawing the funds paid into or deposited in this account, and without liability to the credit union, any one of us may by written notice to the credit union, terminate the interest of the other joint owner. We agree that this account and agreement are subject to any and all rules, regulations, bylaws and policies of the credit union and its board of directors now in effect and as modified adopted here after, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws and policies. We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or fitness of this account or agreement for any particular purpose.

(CO) - Joint Account #'s (list those who you want to have access to this account - only with your permission)

Name: _____ SS# _____ DOB _____
 Name: _____ SS# _____ DOB _____
 Name: _____ SS# _____ DOB _____

(Instructions to applicant: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause (C) (2) of the certification you sign below.

(not required if you are a minor)

C) CERTIFICATION AS TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalty of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject too backup withholding.

Applicant signature: _____ **DATE:** _____

Applicant sign if this account is for a minor. Signature: _____

D) I will provide a photo id to the credit union as proof of my identify. I also, give the credit union the authority to search the Federal database, along with any other system needed to further prove my identity per the Federal Patriot Act. (minors do not have to provide a photo). Everything that I/we have stated in this application is correct to the best of my/our knowledge. I am authorizing GSAFCU to check my/our credit and employment history and I will answer questions about our credit experience. I am authorizing GSAFCU to verify any information concerning me through third-party sources to resolve any questions or concerns about the information I/we have provided.

E) Check one of the following: Applicant is an illegal alien living in the United States
 Applicant is not an illegal alien living in the United States

Applicant signature: _____ Date: _____

MY EMAIL ADDRESS IS: _____ (I want to opt out of emails) _____



FORM INSTRUCTIONS CHECKLIST:

- 1) Applicant **MUST** sign where signature is asked for.
- 2) Applicant **MUST** place date where asked for.
- 3) Applicant should fill in section (A) so we know who will inherit the account.
- 4) Applicant should fill in section (B) so we know who may be allowed to share in the account. We will verify with you that the person has your approval for a transaction.
- 5) Applicant **MUST** sign section (C).
- 6) Applicant **MUST** supply a government photo id, (D) unless they are a minor, or this is just an update.
- 7) Cash or a check **MUST** be made when the application is submitted. This is deposited into your account so NCUA will recognize it as "open".
- 8) If you are going to apply for a loan please consider depositing an amount which may make your first loan payment.

**Application and required information may be mailed to:
GOODYEAR SAN ANGELO FEDERAL CREDIT UNION
PO BOX 232
SAN ANGELO, TEXAS 76902**

**If you have questions, please call Marshall Stewart at 325-245-3746.
View us at: www.GYSAFCU.com
FAX COMPLETED FORM BACK TO 325-227-6520 or 325-947-0916**

