

Please provide all of the requested information. When you have completed the form, simply print this form and fax it to the GSA Federal Credit Union for processing at (202) 488-8555.

1. ACCOUNT TYPE/SERVICES

SAVINGS

- SHARE (SAVINGS)
- CHRISTMAS CLUB
- VACATION CLUB
- Share Certificates
- IRA Share

CHECKING

- PRIMARY CHECKING
- Internet Checking

SERVICES

- PAYROLL DEPOSIT
- DIRECT DEPOSIT
- DEBIT/ATM CARD
- OVERDRAFT PROTECTION
- Audio Response
- PC/Access/Internet Banking
- Bill Payer

2. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or because the IRS has notified me that I am no longer subject to backup withholding.

- I AM SUBJECT TO BACKUP WITHHOLDING
- EXEMPT
- I AM NOT A UNITED STATES CITIZEN OR RESIDENT (COMPLETE W-8 FORM)

3. ACCOUNT/SERVICES APPLICATION AND INFORMATION

FIRST NAME	MI	LAST NAME	SSN/TIN	DRIVERS LIC NO	MEMBER NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS			DATE OF BIRTH	MOTHER'S MAIDEN NAME	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
CITY	ST	ZIP	HOME PHONE	WORK PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	() - <input type="text"/>	() - <input type="text"/>	
EMPLOYMENT			ELIGIBILITY FOR MEMBERSHIP		
<input type="text"/>			<input type="text"/>		

4. ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- SINGLE PARTY
- MULTIPLE PARY WITH SURVIVORSHIP
- MULTIPLE PARY WITHOUT SURVIVORSHIP

JOINT OWNER NAME	MI	LAST NAME	JOINT OWNER NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS			STREET ADDRESS		
<input type="text"/>			<input type="text"/>		
CITY	ST	ZIP	CITY	ST	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK PHONE		HOME PHONE	WORK PHONE	
() - <input type="text"/>	() - <input type="text"/>		() - <input type="text"/>	() - <input type="text"/>	

SSN/TIN _____ DRIVERS LIC NO _____

SSN/TIN _____ DRIVERS LIC NO _____

DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

5. CUSTODIAL INFORMATION

The account(s) listed above under rge Account Type/Services section is/are held by _____

as custodian for _____ Under the DC Uniform Transfer to Minors Act.

Custodian's Address _____

Phone () _____ Date of Birth _____ SSN _____

6. SHARE CERTIFICATE OPTIONS

- 6 MONTH
- 12 MONTH
- 24 MONTH
- 36 MONTH
- 48 MONTH
- 60 MONTH

7. AUTHORIZATION

By signing below, you agree to the terms and conditions of the Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer agreement. In considering this application and/or any request for financial services, you authorize the Credit Union to check your credit and employment history, to request and use reports regarding same, and to answer questions about it's credit experience with you. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

_____/_____/_____
SIGNATURE DATE

_____/_____/_____
SIGNATURE DATE

_____/_____/_____
SIGNATURE DATE

_____/_____/_____
SIGNATURE DATE