

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) 208-4023 or mail it to:
GSA Federal Credit Union
P.O. Box 27559
Washington DC 20038-7559

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. MEMBER INFORMATION

MEMBER NUMBER

FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN/TIN	DRIVERS LIC NO
<input type="text"/>	<input type="text"/>

STREET ADDRESS

DATE OF BIRTH	MOTHER'S MAIDEN NAME
<input type="text"/>	<input type="text"/>

CITY	ST	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE	WORK PHONE
<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

JOINT OWNER NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS

STREET ADDRESS

CITY	ST	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY	ST	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE	WORK PHONE
<input type="text"/>	<input type="text"/>

HOME PHONE	WORK PHONE
<input type="text"/>	<input type="text"/>

() - () -

SSN/TIN DRIVERS LIC NO

DATE OF BIRTH MOTHER'S MAIDEN NAME

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SSN/TIN DRIVERS LIC NO

DATE OF BIRTH MOTHER'S MAIDEN NAME

5. ACCOUNT DESIGNATIONS

☐ PAYABLE ON DEATH (POD)/TRUST ACCOUNT

☐ ALL ACCOUNTS

BENEFICIARY NAME MI LAST NAME

STREET ADDRESS

CITY ST ZIP

SSN/TIN RELATION TO MEMBER

☐ DESIGNATE SPECIFIC ACCOUNT(S)

BENEFICIARY NAME MI LAST NAME

STREET ADDRESS

CITY ST ZIP

SSN/TIN RELATION TO MEMBER

☐ **TUTMA** (AS CUSTODIAN FOR (MINOR) UNDER THE MINOR'S SSN/TIN
TEXAS UNIFORM TRANSFERS TO MINORS ACT)

6. 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