GEORGIA power	☐ NEW ☐ CHANGE						
FEDERAL CREDIT UNION ACCO	OTHER:						
A. Member Information: Print Your Full Name 1.	E-Mail Address (if business, add second email address)						
IF YOUR ROLE IS OTHER THAN AS AN OWNER INDICATE YOUR ROLE BELOW: E-Mail Address							
TRUSTEE CUSTODIAN OTHER: Des		f A aggregat []f	Different from 1 Ab	ava Evample: Da	Mombas CCN or TIN		
Member Number: For CU Use Only		Living Trus	f Different from 1. Ab st:	ove. Example: Do	Member SSN or TIN:		
Street Address:		Driver's L	icense or Other Gov	rernment ID	Other ID and # For Natural Person in 1 Above:		
Num Type			of Natural Person In D:	1., Above: State:	Type of ID: State:		
No. Issue:		No.			No.		
		Issue:	/ / Exp	o: / /	Issue: / / Exp: / /		
City:	State:		Zip Code:	-	Date of Birth: / /		
Residential Phone Number: Check if Unlisted	Otato.		Occupation:		Membership Eligibility:		
				lumbor	(Employer, Family Member):		
Cell Phone Number:			Business Phone N	number:	(Employer, Family Wellber).		
Number to be used for Contact:			Business Address:		Primary Source of Deposits to Your Account(s):		
□ □ Other		City:					
If Other, to whom is this number listed:			State:	Zip:			
B. Account(s) Requested: Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly							
Owned if this Card Lists any "Joint Owner(s Membership/Savings Account		Value Chec	cking Account		☐ Money Market Account		
☐ CU Power Membership/Savings Account 1 ☐ Share Savings Certic ☐ Young Savers Account ☐ Share Savings IRA 0				ount	UGMA/UTMA Account // Successor Custodian/Trustee:		
☐ Student Checking Account Joint)							
☐ Relationship Checking Account ☐ IRA Savings Account (No Joint) ☐ Other: ☐ CU Power Checking Account/ ☐ Holiday Club Account ☐ Other:							
requires ¹above							
C. OTHER PARTIES: CHECK HERE IF JOINT OWNER APPLYING FOR MEMBERSHIP AND PROVIDE ELIGIBILITY BELOW. Parties listed herein will be deemed joint owners unless you indicate another role on this account below:							
☐TRUSTEE ☐CUSTODIAN ☐ OTHER: Describe: Name: (please print) Date of Birth: Social Security#: Driver's License#:							
2.			DL#	5	State: Issue: / / Exp: / /		
Address:							
0.1				Other ID Type and #:			
City:							
State: Zip:				Membership Eligibility:			
Name: (please print) Date of Birth: 3.	Soc	ial Security	r#: Driver's	License#:			
/ /			DL#	;	State: Issue: / / Exp: / /		
Address:							
Other ID Type and #: City:							
State: Zip: Membership Eligibility:							
D. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND <u>ON ALL PARTS OF THIS APPLICATION</u> . I understand and agree that the Patriot's Act of 2001 obli-							
gates 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.							
4				2			
1. Signature DATE				2. Signatui	re DATE		
3.							
Signature		DATE					

THE INTERNAL REVENUE SERVICE 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, 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.							
SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this application, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Georgia Power Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this document, and in the Membership and Account Agreement, Truth-in-Savings Document, 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.							
ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ABOVE): 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.							
ACCOUNT SERVICES: (Select the services requested with regard to the account selected above. NOTE: Some services are not available for certain accounts.)							
Debit Card*		IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed: 1. Share Account No. 00 (automatically set up) 2. Account or Loan Account No.					
	lo protection fro	a loan account is provided unless approved for an overdraft loan account.					
Union Use Only:							
Approval Notes: PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD – NON IRA ACCOUNTS ONLY							
1. Name:		elationship: SSN:					
Address:	Rin	irth date: / /					
2. Name:		elationship: SSN:					
Address:	Rin	irth date: / /					
Contingent Beneficiaries (Use Only if you Name a Sing	le "Individual"	"Beneficiary Above). If you have named more than one primary beneficiary, then					
any election below will be disregarded. If the designate owner to the following Contingent Beneficiaries, in equ		vidual POD beneficiary is deceased, then payable on the death of the account					
1. Name:	Rel	elationship: SSN:					
Address:	Birt	irth date: / /					
2. Name:	Rel	elationship: SSN:					
Address:		irth date: / /					
These POD designations only apply to the Account(s) Listed above. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement with the Credit Union.							
CREDIT UNION NOTES: The above applicant(s) membership approved:							
Date:By:		(employee opening account)					
Account Opened: In Person By Mail Internet Other: Member/Owner/User Identification Verified via:							
1. □ Driver's License.□ Other:	☐ Existing Mem	Member Per Policy Verified By:					
2. □ Driver's License.□ Other:	☐ Existing Mem	Member Per Policy Verified By:					
3. □ Driver's License.□ Other:	☐ Existing Mem	Member Per Policy Verified By:					
Name Discrepancy: The Credit Union has resolved the name dis	crepancy on the	e documentation relied upon to open this account; and to insure proper governmental					

list-checking via: _

Verified By: ____