



WORKMEN'S CIRCLE CREDIT UNION
527 STEPHENSON AVE., SUITE 1
SAVANNAH, GA 31405-5922
Tel: (912) 356-9225
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MASTER MEMBERSHIP APPLICATION

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a ☐ are applicable only if the ☐ is marked, e.g., ☒ "n/a" means not applicable.

Account Type Member Number:

☐ Share/Savings ☐ Share Draft/Checking ☐ Share Certificate ☐ Money Market ☐ Other _____
☐ Other _____ ☐ Other _____

Account Services

☐ Payroll Direct Deposit ☐ Payroll Deduction ☐ Debit Card ☐ ATM Card ☐ PC Access/Internet Banking ☐ Other _____
☐ Overdraft Protection – Select priority of which Overdrafts should be applied _____
☐ Electronic Documentation – If this box is checked, you request the credit union to provide documentation electronically via email or the credit union's web site according to the Electronic Documentation provision of the Membership Account Agreements, which you acknowledge reading and agree to its terms.

Ownership

☐ **Individual Account** ☐ **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. ☐ **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Primary Member (Applicant)

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (Street, City, State, Zip)		Email Address		
Employer			Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date	Password	

Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)		Email Address		
Employer			Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date		

Joint Owner

Name	Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.
Physical Address (City, Street, State, Zip)		Email Address		
Employer			Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Expiration Date		

Account Designation

☐ Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship	Social Security No.
Beneficiary #2 - Name and Address	Relationship	Social Security No.

☐ UTMA Custodial Designation and Information

Custodian 1 Name: Address: Date of Birth: SSN/TIN:	Custodian 2 Name: Address: Date of Birth: SSN/TIN:
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As custodian for _____ (name of minor), age _____, SSN _____ under the Uniform Transfers to Minors Act.

<input type="checkbox"/> UTMA Designation of Successor Custodian			
Pursuant to the Uniform Transfers to Minors Act, I hereby designate:			
successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.			
Custodian Signature X		Date	
<input type="checkbox"/> Agency			
Print Name of Agent: _____		Signature of Agent: _____	
Authorized Signers			
By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time.			
Name	Title	Signature X	Date
Name	Title	Signature X	Date
Certificate of Authority			
ACCOUNT OWNER – The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.			
AUTHORIZED PARTIES – The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.			
AUTHORITY			
1. Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time.			
2. The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.			
3. Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.			
4. The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.			
LIABILITY – The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.			
Account Change Authorization			
<i>By signing below, you authorize to the same extent as your original signature, the highlighted changes/additions shown herein.</i>			
Initial Here	Date	Initial Here	Date
Initial Here	Date	Initial Here	Date
Important IRS Information - TIN Certification			
I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1), that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2), that unless designated below, 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 IRS has notified me that I am no longer subject to backup withholding and (3), that unless designated below, I am a U.S. person (including a U.S. resident alien).			
<input type="checkbox"/> I am subject to backup withholding <input type="checkbox"/> I am exempt <input type="checkbox"/> I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)			
Signatures			
You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 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 and other identifying information. <i>The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>			
Joint Owner Signature X	Date	Joint Owner Signature X	Date
		Primary Owner Signature X	Date
Credit Union Use Only			
Date of Membership _____		Opened / Approved By: _____ Member Verification: _____ (ID Type and No.)	
<input type="checkbox"/> Credit Report <input type="checkbox"/> Access Card <input type="checkbox"/> Check Verify <input type="checkbox"/> Audio Response <input type="checkbox"/> PIN Request <input type="checkbox"/> PC Access / Internet Banking <input type="checkbox"/> Other _____			
Verification of Membership:			
CHECK ONE: <input type="checkbox"/> Lives or Works in Chatham County			
<input type="checkbox"/> Relative of _____			