

Application for Membership

PO BOX 500, Richland, WA 99352-0500 • PHONE: 509.378.3100 or 888.946.4372 • FAX: 509.942.6291

Membership in Gesa Credit Union is open to anyone who lives, works, worships, or goes to school in Washington State. I am eligible to join Gesa because:

- I live in the State of Washington.
- I work in the State of Washington.
- I worship in the State of Washington.
- I go to school in the State of Washington.
- I am related to someone who qualifies as a member.

Membership in the Credit Union is established by maintaining a minimum deposit of \$5 in a savings account. To establish membership in the Credit Union:

- Attach a check for at least \$5.00, payable to Gesa Credit Union, which is the minimum balance for your savings account. Five dollars is required to accompany the membership application. This check will be deposited into your new account.
- Include a valid and legible copy of your driver's license with this form.
- Sign and complete the areas shown below. All areas are required.

When you have completed the form, please mail it to Gesa or call for fax instructions.

PRIMARY OWNER INFORMATION

I certify under penalty of perjury that the Social Security Number (TIN) shown on this form is my correct taxpayer identification number. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) because the IRS has notified me that I am no longer subject to backup withholding. I am a U.S. person (including a U.S. resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.**

X _____
Signature Social Security Number Date

By signing above, I am applying for membership in Gesa Credit Union and agree to conform to its bylaws and amendments, and agree to the terms and conditions of the Account Agreement and Account Disclosures. If there is more than one owner, the account is a joint account with right of survivorship.

First Name Last Name Date of Birth

Street Address, City, State, ZIP Phone E-Mail

Mother's Maiden Name Driver's License Number State Issue Date Exp. Date

Employer Employer Phone

JOINT OWNER INFORMATION (If applicable)

X _____
Signature Name (First, MI, Last) Date of Birth

Street Address, City, State, ZIP Phone Social Security Number

Mother's Maiden Name Driver's License Number State Issue Date Exp. Date

FOR GESA USE ONLY

Account # _____ Date Card/Disclosure Mailed: _____ Membership Officer: _____ Date: _____

Important Information About Opening an Account: 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 for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.