



3900 Crown Road Atlanta, GA 30380  
 (404) 768-4126 (800) 849-8431

# REQUEST TO ADD ACCOUNT(S) FORM

Individual Ownership—One person owns the account.  
**Applicant must sign this Request to Add Account(s) Application**

Multiple Party Ownership (Joint)—Applicant and joint owner(s) equally own all funds with right of survivorship. **Applicant and joint owner(s) must sign this Request to Add Account(s) Application**

Account(s) to be added (check all that apply)	<input checked="" type="checkbox"/> Share Draft Checking Account Type: <b>Platinum Advantage Checking Account</b>	<input type="checkbox"/> Holiday Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> Education Club	<input type="checkbox"/> Secondary Share  Name:

Note: A Visa Check Card, ATM card, KeyTeller Audio Response service and Internet Branch online service will allow a joint owner(s) transfer capability on all accounts, including those not jointly owned.

Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

PRIMARY ACCOUNT OWNER			
Last Name	First	Middle Initial	
Physical Street Address			
City	State	Zip	
Mailing Address	City	State	Zip
Social Security/Taxpayer I.D. Number	Your Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address	
Driver's License Number	State Issued	Expiration Date.	
Employer or Post Office Title/Location			No. Years
If not postal employee, give eligible member's name	Relationship	Account Number	

Choose one: <input type="checkbox"/> JOINT ACCOUNT OWNER <input type="checkbox"/> POD / Beneficiary	<input type="checkbox"/> Share Draft	<input type="checkbox"/> Secondary	<input type="checkbox"/> Education Club
	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation Club	
Last Name	First	Middle Initial	
Physical Street Address			
City	State	Zip	
Mailing Address	City	State	Zip
Social Security/Taxpayer I.D. Number	Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address	
Employer Name			No. Years
Driver's License Number	State Issued	Expiration Date	

<b>Choose one:</b> <input type="checkbox"/> JOINT ACCOUNT OWNER <input type="checkbox"/> POD / Beneficiary		<input type="checkbox"/> Share Draft	<input type="checkbox"/> Secondary	<input type="checkbox"/> Education Club
		<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation Club	
Last Name		First	Middle Initial	
Physical Street Address				
City		State	Zip	
Mailing Address		City	State	Zip
Social Security/Taxpayer I.D. Number		Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address		
Employer Name			No. Years	
Driver's License Number		State Issued	Expiration Date	

### Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify 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 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as 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 I am a U.S. person (including a U.S. resident alien).

### Signatures

By signing this application you hereby make application for membership in the Atlanta Postal Credit Union and agree to conform to its By-laws and amendments thereof and subscribe for at least one share.

By signing this application, you agree to the terms and conditions of the Membership Account Agreement, Truth-In-Savings with Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment the Credit Union makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. You agree: (a) the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If the account is opened by mail, the Credit Union will forward all account disclosures to you within 20 business days in accordance with established policy. Your signature acknowledges acceptance of this policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

Primary Account Owner Signature	Date
_____	_____
Joint Account Owner Signature	Date
_____	_____
Joint Account Owner Signature	Date
_____	_____

<b>For Credit Union Use only</b>				
Credit Score	_____	Primary	_____	Joint 1
				_____
ChexSystems Remarks:	_____			
	_____			
Account opened by:	_____			Date
				_____