



CREDIT UNION

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ACCOUNT APPLICATION

New Members: A minimum deposit of \$1 to a Primary Savings (Share) Account is required to establish membership. This Primary Savings (Share) Account is funded by APCU/Center Parc. The minimum deposit for all other accounts must be funded by the member. Round Up Savings funded by first transfer.

Choose one of the membership boxes below and select the account(s)/product(s) you wish to open.

Regular Membership

<input type="checkbox"/> Primary Savings \$1 min. <input type="checkbox"/> Order Visa® Debit Card	<input type="checkbox"/> Kasasa Cash® Checking \$1 min. <input type="checkbox"/> Order Visa® Debit Card	<input type="checkbox"/> Youth Checking \$1 min.	Customized Account Name (Secondary Savings Only): _____
<input type="checkbox"/> Money Market \$2,500 min.	<input type="checkbox"/> Kasasa Cash Back® Checking \$1 min.	<input type="checkbox"/> Holiday Club \$1 min.	
<input type="checkbox"/> Secondary Savings \$1 min.	<input type="checkbox"/> Order Visa® Debit Card	<input type="checkbox"/> Vacation Club \$1 min.	
<input type="checkbox"/> Round Up Savings \$0 min.	<input type="checkbox"/> Kasasa Saver® with Kasasa Cash® Checking \$1 min.	<input type="checkbox"/> Education Club \$1 min.	
<input type="checkbox"/> Renewal Checking \$1 min. Order Visa® Debit Card	<input type="checkbox"/> Order Visa® Debit Card	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Kasasa Saver® with Kasasa Cash Back® Checking \$1 min.		
	<input type="checkbox"/> Order Visa® Debit Card		

Uniform Gifts to Minors (UGMA or UTTMA)

☐ Primary Savings \$1 min. Certificate

Date _____

Member Number _____

PRIMARY ACCOUNT OWNER

Last Name		First Name		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 _____		Mobile Phone _____	
E-mail Address					
Driver's License Number		State Issued	Date Issued	Expiration Date	
Employer		Occupation/Title		No. Years Employed	
How are you eligible for Credit Union membership?					

ADDITIONAL PARTIES

(Optional)	Joint Account Owner ¹ Custodian	Representative Payee Conservator			
Last Name		First Name		Middle Name	
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 _____		Mobile Phone _____	
E-mail Address					
Driver's License Number		State Issued	Date Issued	Expiration Date	
Employer		Occupation/Title		No. Years Employed	
How are you eligible for Credit Union membership?					

¹For a new membership, joint owner(s) equally own all funds with right of survivorship on ALL accounts. A Visa® Debit Card, KeyTeller Audio Response service and the Internet Branch online service will allow a joint owner(s) transfer capability on all accounts.

ADDITIONAL PARTIES (Optional)		Joint Account Owner ²	Representative Payee Conservator	
Last Name	First Name		Middle Name	
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 _____ E-mail Address _____		Work Phone _____	Mobile Phone _____	
Driver's License Number		State Issued	Date Issued	Expiration Date
Employer		Occupation/Title		No. Years Employed
How are you eligible for Credit Union membership?				

BENEFICIARY INFORMATION²

Fill out the beneficiary information for each beneficiary below, then complete the **SHARE DESIGNATIONS** on the following page.

*Required

Beneficiary #1			
Last Name*	First Name*		Suffix
Mailing Address		City	State Zip
Social Security Number*	Phone Number	Date of Birth*	

²For UGMA accounts, rep payees and conservators cannot add beneficiaries

Beneficiary #2			
Last Name*	First Name*		Suffix
Mailing Address		City	State Zip
Social Security Number*	Phone Number	Date of Birth*	

Beneficiary #3			
Last Name*	First Name*		Suffix
Mailing Address		City	State Zip
Social Security Number*	Phone Number	Date of Birth*	

Beneficiary #4			
Last Name*	First Name*		Suffix
Mailing Address		City	State Zip
Social Security Number*	Phone Number	Date of Birth*	

Beneficiary #5			
Last Name*	First Name*	Middle Initial	Suffix
Mailing Address		City	State Zip
Social Security Number*	Phone Number	Date of Birth*	

SHARE DESIGNATIONS (Please select/check all intended beneficiaries for each share and include the percentage)

Share ID
☐ Beneficiary 1
____%
☐ Beneficiary 2
____%
☐ Beneficiary 3
____%
☐ Beneficiary 4
____%
☐ Beneficiary 5
____%

Share ID
☐ Beneficiary 1
____%
☐ Beneficiary 2
____%
☐ Beneficiary 3
____%
☐ Beneficiary 4
____%
☐ Beneficiary 5
____%

Share ID
☐ Beneficiary 1
____%
☐ Beneficiary 2
____%
☐ Beneficiary 3
____%
☐ Beneficiary 4
____%
☐ Beneficiary 5
____%

Share ID
☐ Beneficiary 1
____%
☐ Beneficiary 2
____%
☐ Beneficiary 3
____%
☐ Beneficiary 4
____%
☐ Beneficiary 5
____%

Share ID
☐ Beneficiary 1
____%
☐ Beneficiary 2
____%
☐ Beneficiary 3
____%
☐ Beneficiary 4
____%
☐ Beneficiary 5
____%

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and

(2) 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 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7)

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signatures

By signing this application you hereby make application for membership in the APCU/Center Parc 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 APCU/Center Parc makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account and services requested herein. You agree: (a) APCU/Center Parc can use credit reporting agencies or otherwise verify the information, including but not limited to employment and income 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) APCU/Center Parc can tell others about its credit experience with you and obtain information from others about your credit history and performance. (c) you authorize your wireless operator to disclose to us your account number, subscriber, device and billing information if available, to support verification of your identity. Where applicable, this information may also be shared by us with other companies to support your transactions and for fraud avoidance purposes. You can find more detail about how we use your data in our Privacy Policy. If the account is opened by mail, APCU/Center Parc will forward all account disclosures to you within 10 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/Custodian/Conservator/Representative Payee Account Owner Signature	Date
Joint/Conservator/Representative Payee Account Owner Signature	Date

USA PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 may also ask to see your driver's license or other identifying documents.