



# Membership and Services Application

Go Energy Financial will comply with the requirements of the USA Patriot Act. What this means for new accounts: We will ask the name, physical address, date of birth, and other information that will allow us to identify new account holders. We may also ask to see a valid driver's license or other identifying documents. Transactions to or from any account(s) may be limited until verification of the identity of all applicable persons is completed. Go Energy Financial conducts a credit inquiry upon receipt of this membership application.

MEMBER INFORMATION		Member No:	Share ID No: (assigned by Go Energy Financial)	
MEMBER NAME Last	First	Initial	SSN or TIN:	Driver's License (or Other ID) Type: _____ State: _____
Date of Birth:	Primary Phone:	Work Phone:	Cell Phone:	Number: _____ Issue: _____ Exp: _____
Physical Address:		City		State - Zip Code: _____
Mailing Address (if different):				
Employer:		Employment Date:	Occupation:	
Email Address:		Mother's Maiden Name:	How are you eligible for credit union membership? (employment, family, other)	

## JOINT ACCOUNT DESIGNATION

CHECK ONE:  Single Account  Joint Account (Complete this section and all owners must sign below) APPLIES TO ALL ACCOUNTS

JOINT OWNER 1 NAME Last		First	Initial	SSN or TIN:	Driver's License (or Other ID) Type: _____ State: _____
Date of Birth:	Home Phone:	Work Phone:	Cell Phone:	Number: _____ Issue: _____ Exp: _____	
Physical Address:		City		State - Zip Code: _____	
Mailing Address (if different):					
Employer:		Employment Date:	Occupation:		
Email Address:		Mother's Maiden Name:			
JOINT OWNER 2 NAME Last		First	Initial	SSN or TIN:	Driver's License (or Other ID) Type: _____ State: _____
Date of Birth:	Home Phone:	Work Phone:	Cell Phone:	Number: _____ Issue: _____ Exp: _____	
Physical Address:		City		State - Zip Code: _____	
Mailing Address (if different):					
Employer:		Employment Date:	Occupation:		
Email Address:		Mother's Maiden Name:			

## CONSUMER ACCOUNT ACTIVITY

Deposit Sources	ACH/Bill Pay	Wires Domestic	Wires International
<input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ACH	<input type="checkbox"/> Domestic <input type="checkbox"/> International	<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing	<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing

## AUTHORIZATION AND SIGNATURE

**AUTHORIZED SIGNATURES:** BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON PAGE 2 OF THIS CARD. I/we understand and agree that the Patriot's Act of 2001 obligates 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.

Truth-in-Savings /Rate & Fee Schedule  Electronic Funds Transfer Disclosure  Funds Availability Disclosure  Privacy Notice

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, under penalties of perjury, I certify that: 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 backup withholding under federal laws or a specific FATCA Exempt Payee Code (enter code here from W-9 Instructions), 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).

Member Signature: _____	Date: _____	<b>Certification Instructions:</b> 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. Cross out item 3 above and complete a W-8 BEN if you are NOT a U.S. person. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Joint Owner 1 Signature: _____	Date: _____	
Joint Owner 2 Signature: _____	Date: _____	

FOR OFFICIAL USE ONLY		Date Opened:	Opened By:	<input type="checkbox"/> System Maintenance	Credit Report <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Basic Savings (required)	<input type="checkbox"/> Money Market Account	<input type="checkbox"/> BSA Rating:	<input type="checkbox"/> Member ID Verified:	<input type="checkbox"/> Joint ID 1 Verified:	<input type="checkbox"/> Joint ID 2 verified:
<input type="checkbox"/> Additional Savings	<input type="checkbox"/> Basic Checking	<input type="checkbox"/> Dividend Checking	<input type="checkbox"/> Spark Checking	<input type="checkbox"/> Free Web Account Access	<input type="checkbox"/> Free VISA Debit Card
<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Student Checking		<input type="checkbox"/> Free Powerline Teller	<input type="checkbox"/> Web Bill Pay	<input type="checkbox"/> ATM Card (no VISA Debit Card)



Go Energy Financial  
 2100 East Exchange Place  
 Suite 101  
 Tucker GA 30084

**Loan Application**

Date: \_\_\_\_\_

\_\_\_\_\_ Term Purpose of Loan \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_ Estimated Property Value \$ \_\_\_\_\_  
 Property Address \_\_\_\_\_

MARRIED APPLICANTS may apply for a separate account. A Credit Union may only extend direct credit to a member. A joint applicant for credit will be considered a guarantor or co-signer if such person is not a credit union member. *Check the type of credit account you wish to apply for.*

**Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.

**Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section. *If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.*

Applicant Signature X \_\_\_\_\_

Co-Applicant Signature X \_\_\_\_\_

**APPLICANT**

**OTHER APPLICANT**

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)  
 FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 NO. OF DEP. \_\_\_\_\_ AGE OF DEPENDENTS \_\_\_\_\_ RESIDENCE  OWN

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)  
 FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 NO. OF DEP. \_\_\_\_\_ AGE OF DEPENDENTS \_\_\_\_\_ RESIDENCE  OWN

**EMPLOYMENT AND INCOME** *If self-employed, attach current financial statement and your last two years income tax returns.*

CURRENT EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 WORK PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  
 OCCUPATION / POSITION \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_  
 FORMER EMPLOYER (IF CURRENT EMPLOYER LESS THAN 2 YEARS) \_\_\_\_\_ YRS. \_\_\_\_\_  
 FORMER EMPLOYER - Street, City, State, Zip \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 WORK PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  
 OCCUPATION / POSITION \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_  
 FORMER EMPLOYER (IF CURRENT EMPLOYER LESS THAN 2 YEARS) \_\_\_\_\_ YRS. \_\_\_\_\_  
 FORMER EMPLOYER - Street, City, State, Zip \_\_\_\_\_

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless you wish it considered for purpose of granting this credit.

SOURCE OF OTHER INCOME \_\_\_\_\_ PHONE \_\_\_\_\_ SINCE \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_  
 OTHER INCOME \_\_\_\_\_

SOURCE OF OTHER INCOME \_\_\_\_\_ PHONE \_\_\_\_\_ SINCE \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_  
 OTHER INCOME \_\_\_\_\_

**PERSONAL REFERENCES**

NEAREST RELATIVE NOT LIVING WITH YOU – NAME/ADDRESS/PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**LOANS AND LIABILITIES (WHAT YOU OWE) – If Additional Space is Required, List on a Separate Sheet**  
 A = Applicant B = Other Applicant C = Both INDICATE WHOSE OBLIGATION (X)

CREDITOR	ACCOUNT NUMBER	NAME AND ADDRESS OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENT	A	B	C
<input type="checkbox"/> 1 <sup>st</sup> Mortgage on Home <input type="checkbox"/> house <input type="checkbox"/> mobile home <input type="checkbox"/> condo							
<input type="checkbox"/> 2 <sup>nd</sup> Mortgage							
Other Debt:							
Other (Alimony, Child Support, Etc.)							

To be Completed by Loan Originator -This application was taken by:  Face-to-Face interview  Mail  Telephone  Internet

Loan Originator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Loan Originator's Name \_\_\_\_\_ Loan Originator Identifier \_\_\_\_\_ Loan Originator's Phone Number (Incl. area code) \_\_\_\_\_  
 Loan Origination Company's Name \_\_\_\_\_ Loan Origination Company Identifier \_\_\_\_\_ Loan Origination Company's Address \_\_\_\_\_

You agree that everything stated in this application, whether oral, or written, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OTHER APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 X \_\_\_\_\_ X \_\_\_\_\_

**Credit Union Use Only**

Loan Approved  Yes  No  
 Loan Officer Signature \_\_\_\_\_  
 X \_\_\_\_\_  
 Loan Approved  Yes  No  
 Credit Committee Signature \_\_\_\_\_  
 X \_\_\_\_\_