



COAST GUARD EMPLOYEES CREDIT UNION

Hale Boggs Federal Building
500 Poydras Street, Room 1226
New Orleans, Louisiana 70130-3396

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MEMBERSHIP APPLICATION

Requires \$30.00 to open account
Copy of Valid State/Government ID
for identification verification
\$25.00 minimum deposit.
\$5.00 processing fee

Membership Eligibility: How are you eligible for membership?		
<input type="checkbox"/> I am an employee of:	Credit Union Staff Use:	
<input type="checkbox"/> I belong to:	Member No:	
<input type="checkbox"/> I am an immediate relative of a CGECU member	Date Opened:	
My relationship to the member is:		
Date Account Closed: <input type="checkbox"/> Request <input type="checkbox"/> Deceased <input type="checkbox"/> Delinquency/Charge-Off <input type="checkbox"/> Dormant		
Application information: (Copy front and back photo ID and copy of document with social security required)		
Last Name:	First:	Middle
<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> other:	Title:	Social Security No.
Birth date:	Birth City:	Email:
Home Phone:	Work Phone:	Cell Phone:
Driver's License No.	State:	Mother's Maiden Name:
Mailing Address:		
City:	State:	Zip code:
Joint Owner Information: My accounts are to be joint accounts, unless there is only one authorized signature. Funds in the account at the death of an owner, pass to the surviving owner. (Front and back photo ID required for each joint owner.)		
Primary Joint Owner:		
Last Name:	First:	Middle
<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> other:	Title:	Social Security No.
Birth date:	Birth City:	Email:
Home Phone:	Work Phone:	Cell Phone:
Mailing Address:		
City:	State:	Zip code:
Secondary Joint Owner:		
Last Name:	First:	Middle
<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> other:	Title:	Social Security No.
Birth date:	Birth City:	Email:
Home Phone:	Work Phone:	Cell Phone:
Mailing Address:		
City:	State:	Zip code:
Additional Joint Owners must be submitted on a separate form, please contact Staff if necessary prior to submitting.		
If Primary Joint Holder is Other than Spouse then Spouse must sign below:		
I am the spouse of the individual submitting this application for membership and by my signature below I am acknowledging that I am not listed as the primary Joint Holder on this account.		

Printed Name of Spouse

Signature of Spouse

Date

Back of Membership Application

Beneficiary Information: Pay on Death Beneficiary: The following beneficiary(s) is to receive the proceeds of my account(s) after the death of all joint owners..

Primary Beneficiary for Share Savings, percent allowed:

Last Name:	First	Middle
Address:		Social Security No.
City	State	Zip code
Home Phone	Work Phone	Email:

Secondary Beneficiary for Share Savings, percent allowed:

Last Name:	First	Middle
Address:		Social Security No.
City	State	Zip code
Home Phone	Work Phone	Email:

Terms and Conditions

- I understand that \$25.00 minimum must be kept in my account at all times to remain an active member. Further if I should ever fall below the minimum balance that I must pay the difference within thirty (30) days or my account will be closed and I will have to reestablish membership with the credit union.
- Any person who signs this agreement may deposit or withdraw any amount in the accounts. A withdrawal of funds terminates the rights of the other owners to the amount withdrawn. Should any owner die, the other owner will automatically own any money in the accounts.
- I understand that your policy and the law permit you to delay the deposit of non-cash items into my account until sufficient time has expired for such items to clear properly.
- I authorize you to make internal transfers between accounts, or to disburse funds out of my accounts by the Credit Union check made payable to me only, on my telephone request. This is a continuing authorization to open any other account and deposit funds for me on my verbal request.
- I understand that in the event I become delinquent on any loan payments that my share savings will be frozen and that any funds above the minimum deposit required will be applied to the outstanding debt.

Certification for Taxpayer Identification Number

- I am subject to backup withholding
 I am **not** subject to backup withholding

By signing below, I certify under penalties of perjury that the Taxpayer ID/Social Security number shown on this form is correct (or I am waiting for a number to be issued to me), and that I am not, unless designated above, subject to back-up withholding because: (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up 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 back-up withholding, and I am a U.S. person (including a U.S. resident alien).

I apply for membership and certify under penalties of perjury that the specified membership eligibility information I provided to the Credit Union is true and correct. I acknowledge receipt of the Master Account Disclosure and Agreement.

Applicants Signature	Date

Primary Joint Owner Signature	Secondary Joint Owner Signature
Date	Date

Credit Union Use Only

Eligibility:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Membership Officer or BOD Secretary Signature:		Date: