

G.A.P. Federal Credit Union Share Draft Application

Please print this form, fill it out and fax to **814-535-2175**



Primary Applicant:

Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name

I certify that:
 The TIN is correct and
 I (am / am not) subject to back-up withholding (Circle One) and
 I am a U.S. Person (including a U.S. Resident Alien).

Drivers License #:	Drivers License State:
Drivers License Expiration Date:	

Home Address (not P.O. Box)

Address 1:

Address 2:

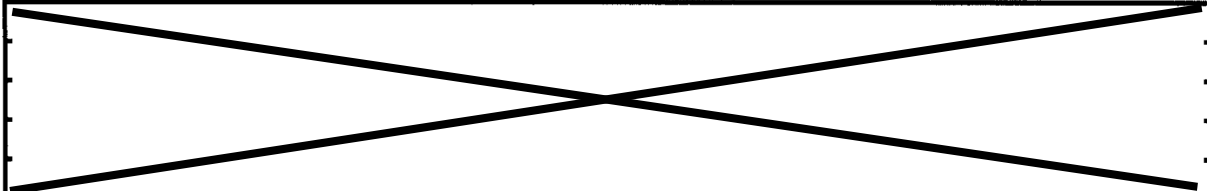
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:

Mailing Address (if different)

Address 1:

Address 2:

City:	State, Zip:
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How would you prefer to be contacted?

Home Phone

Work Phone

Other Phone

Email Address

Other:

SHARE DRAFT AGREEMENT - I UNDERSTAND BY SIGNING BELOW, I AM ACKNOWLEDGING THE FACT THAT THE CREDIT UNION, MAY, UPON THEIR DISCRETION, OBTAIN A CREDIT BUREAU REPORT. THE CREDIT UNION RESERVES THE RIGHT TO DECLINE OPENING THIS SHARE DRAFT ACCOUNT BASED ON ANY INFORMATION DISCLOSED IN THE REPORT.

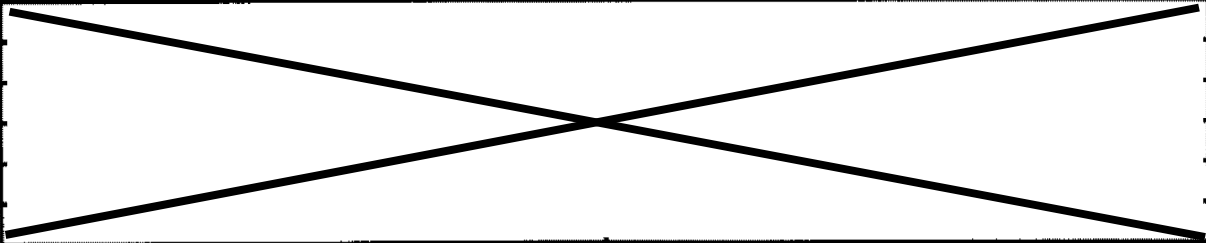
Signature

The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

Signature:	Date:
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If this is for a joint account

Complete section below.

Joint Applicant	
Last Name:	Middle Name:
First Name:	Relationship to Primary Owner:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Drivers License Expiration Date:	
Mother's Maiden Name:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
	
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Signature:	Date:

If this is for more than one co-applicant
Print a copy for each applicant.