



Membership Application for Louisiana National Guard Employees

Recruiter Information

Recruiter Name: _____ Recruiter Ph. No. _____

Recruiter Fax Number: _____

General Information (New Recruit)

Primary Member's Name (Last, First, Middle Initial)

_____ M or F

Social Security # _____ DOB# _____

Driver's License Number: _____ DL State _____

State ID Number: _____ ID State _____

Mailing Address

City/State/ZIP _____

Home Ph # _____ Work Ph # _____ Cell Ph # _____

Physical Address _____

City/State/ZIP _____

E-mail Address _____

Membership, Accounts, and Services

Please sign me up for (check all that apply)

Membership

Membership/Primary Savings – Minimum opening deposit \$5 Checkless Checking

(Opening deposits will be applied to accounts via first payroll deduction)

Overdraft Protection By Share

Card Services

ATM/Debit Card PIN - **(Confidential PIN will be assigned and mailed to you under separate cover)**

Electronic Services

NetTeller (online account service and bill pay/I Talk (24 hour automated phone service)

Debit Card transactions - I authorize the Credit Union the right to offset concerning debt incurred as detailed in the Security Interest section of the VISA® Debit Card Agreement.

X Signature _____

Date _____



AUTHORIZATION & AGREEMENT AND TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION & BACKUP WITHHOLDING INFORMATION - *Signature Required*

By signing below, I/We certify that all information herein is true and correct and authorize Eagle Louisiana Federal Credit Union to verify or obtain further information the credit union may deem necessary concerning my credit standing and deposit history. I/we agree to subscribe for at least one (1) share in the Credit Union. I/we acknowledge receipt of and agree to abide by all terms and conditions of the Master Account Agreement, Truth-in-Savings Rate and Fee Schedule, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we authorize the credit union to obtain credit reports in connection with this application and for any update, renewal, or extension of credit or services and for the purpose of verifying identification in compliance with the USA Patriot Act of 2002.

In order to comply with the U.S. Patriot Act, effective October 25, 2002, Eagle Louisiana Federal Credit Union is required to verify the identity of members applying for and opening new accounts or services with the credit union. Information we are required to obtain and verify includes name, residential address, tax identification number, and date of birth. Additional data may also be gathered depending on the type of account applied for or opened. The Act requires us to maintain records of the identification verification and periodically update this information. Confidentiality of the information maintained by the credit union will be maintained as required under the Privacy Act.

TIN Certification: 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 to me); 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 including a U.S. resident alien, a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S., an estate (other than a foreign estate) or a domestic trust as defined in Regulations section 301.7701-7; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Certification instructions: 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. 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.

Complete a W-8 if you are not a U.S. person or U.S. resident alien. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature Required Date

Completed By Eagle Federal CU: Member # _____ Opened by _____ Date _____

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)
- (C)
- (F)

Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown. Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments. Type of payment is printed to the left of the amount.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

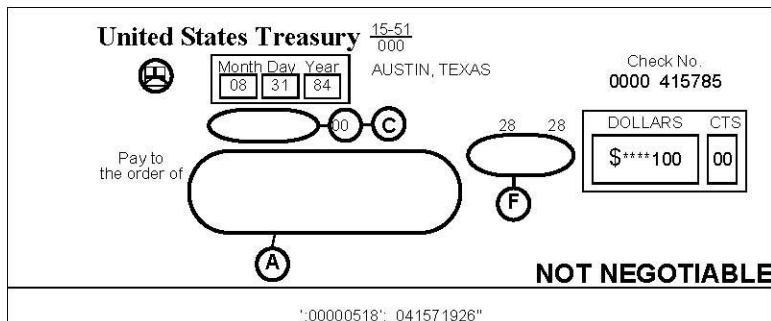
CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.



FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



Baton Rouge - Main Office

2271 College Drive
Baton Rouge, LA 70808

8:00AM - 4:30PM (M & F)
8:30AM - 4:30PM (T - TH)
tel: (225) 927-1900
fax: **(225) 927-1960**

Baton Rouge - Downtown Branch

504 North 5th Suite D
Baton Rouge, LA 70802

8:00AM - 4:30PM (M - F)
tel: (225) 927-1900 ext. 330
fax: **(225) 389-2941**

New Orleans Branch

6400 St. Claude Ave Bldg 4208
Jackson Barracks, Area C
New Orleans, LA 70117

8:30AM - 4:30PM (M - F)
tel: (504) 493-6974
fax: **(504) 682-6636**

Pineville Branch

Building 229, Camp Beauregard
Pineville, LA 71360

8:30AM - 4:30PM (M - F)
tel: (318) 641-3017
fax: **(318) 641-3018**

Zachary Branch

5711 Main Street
Zachary, LA 70791

9:00AM - 4:30PM (M - F)
tel: (225) 654-1227
fax: **(225) 654-8911**



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TO: <hr/>	FROM: National Guard Recruiter Phone Number: <hr/> Fax Number: <hr/>
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Membership Application, Direct Deposit Form, Copy of ID or Social Security Card included with Fax. Please complete and return as soon as possible. Other Notes:
