



**GEORGETOWN UNIVERSITY
ALUMNI AND STUDENT
FEDERAL CREDIT UNION**

GUASFCU
3700 O Street, NW
Leavey Center Suite 1328
Washington, DC 20057
(202) 687-8616

ADDITION OF JOINT OWNER REQUEST

Part I. Please complete all items in this section with Primary Owner information.

Primary Owner Name	
GUASFCU Account no.	Social Security No.
Best Contact No.	Email Address

I (We) voluntarily request that the name listed on the following page be added as the joint owner of the GUASFCU account listed above, and if applicable, also added as the authorized user of a Jack the Bulldog Visa® Check Card.

Please complete all of the information on the following page before submitting this document.

For Office Use Only:

Received by: _____ Date: _____ Scanned:

Form Enacted 2/2013





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ADDITION OF JOINT OWNER REQUEST

Part II: Please complete all items in this section with Joint Owner information.

First Name	Middle Initial	Last Name	Suffix
Street Address	City	State	Zip Code
Date of Birth (Mo., Day, Yr.)	Social Security No.		

Eligibility:

Student/Alumnus School: _____ Graduation Year: _____

International Student *(Note: If you checked the international student box, please verify that you have filled out a W-8 BEN form or have attached a completed W-8 BEN form to this document).*

Direct Family Member Name of Family Member: _____

(Note: if you checked the direct family member box, please attach your letter of sponsorship from the family member listed above)

Part III: Please read the following statement.

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners and authorized signers. What this means for you: When you open an account, we will ask you 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. It may be necessary for GUASFCU to restrict account access.

I acknowledge that membership with GUASFCU comes with certain ongoing responsibilities. By signing this document, I acknowledge receipt of and agree to all terms and conditions stated in the Truth in Savings Disclosure and all other terms and conditions of all accounts and services that we may receive from GUASFCU. These terms and conditions will be disclosed in accordance with applicable state and federal laws.

Under penalties of perjury, I certify (1) that the SNN/ITIN provided on this form is correct, (2) I am not subject to backup withholding, and (3) I am a U.S. citizen or U.S. resident alien. The Internal Review Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing, I/we acknowledge I/we have read and agree to the information/disclosure above.

Primary Owner's Signature	Date (Mo., Day, Yr.)
Joint Owner's Signature	Date (Mo., Day, Yr.)

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