



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, MI) _____ M or F

Social Security # _____ DOB# _____

Driver's License or State ID # _____ DL State _____

Mailing Address

City/State/ZIP _____

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

Physical Address _____

City/State/ZIP _____

E-mail Address _____

General Information (Optional)

Joint Owner's Name (Last, First, MI) _____ M or F

Social Security # _____ DOB# _____

Driver's License or State ID # _____ DL State _____

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

Freedom Checking Advantage Checking 180 Checking All checking minimum opening deposit \$25

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

Overdraft Protection By Share

Card Services

Debit Card – Mailed in 7-10 Business Days

Electronic Services

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



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 I/we 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, for any update, renewal/extension of credit or services, and for the purpose of verifying identification in compliance with the USA Patriot Act of 2002.

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 issue 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 Regulation section 301.7701-7; and **4.** The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Exempt payee code (if any) _____
Exemption from FACTA 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 the correct TIN.

Cross out item **3** if it does not apply.

Member Signature (Required) Date

Joint Owner Signature Date

Completed By Eagle Federal CU: Member # _____ Opened by _____ Date _____
USA Patriot Act ID Verified By: _____ Census tract for underserved eligibility _____

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																					
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>																					
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																					
Prefix	Suffix	TYPE	AMOUNT																				
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Louisiana National Guard	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION Eagle Federal Credit Union 2271 College Drive Baton Rouge, LA 70808-1839		ROUTING NUMBER <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;">2</td> <td style="width: 25px; height: 25px;">6</td> <td style="width: 25px; height: 25px;">5</td> <td style="width: 25px; height: 25px;">4</td> <td style="width: 25px; height: 25px;">7</td> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;">7</td> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;">1</td> </tr> </table>	2	6	5	4	7	3	7	3	1	CHECK DIGIT
2	6	5	4	7	3	7	3	1				
		DEPOSITOR ACCOUNT TITLE										
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.												
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

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.

The image shows a sample check from the United States Treasury, Austin, Texas. The check number is 0000 415785. The date is 08/31/84. The amount is \$100.00. The check is marked "NOT NEGOTIABLE" and has a MICR line at the bottom: @00000518@ 041571926".

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.



Contact Us

Tel: (225) 927-1900 or
(888) 281-8485
Email: contactus@eaglefederal.org
Web: www.eaglefederal.org

Baton Rouge - Main Office

2271 College Drive
Baton Rouge, LA 70808
8:00AM - 4:30PM (M & F)
8:30AM - 4:30PM (T - TH)
fax: (225) 927-1960

Baton Rouge - Downtown Branch

504 North 5th Suite D
Baton Rouge, LA 70802
8:30AM - 4:30PM (M - F)
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)
fax: (504) 682-6636

Pineville Branch

Building 229, Camp Beauregard
Pineville, LA 71360
8:30AM - 4:30PM (M - F)
fax: (318) 641-3018

Zachary Branch

5711 Main Street
Zachary, LA 70791
8:30AM - 4:30PM (M - F)
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:
