



MEMBERSHIP APPLICATION AND ACCOUNT AUTHORIZATION

\*\*IMPORTANT\*\*

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identified each person who opens an account. We will ask for your name, address, date of birth, and other information including valid identifying documents to identify you.

1. Your Information

Name (Last, First Middle) Date of Birth
SSN Driver License Email Address
Street City State Zip
Home Phone Work Phone Cell Phone
Mother's Maiden Name
Place of Employment Occupation

How are you eligible for membership?

Employer Live or work in community charter area
Family member of someone eligible for membership Student of higher learning institution

Someone who will always know your location:

Name Phone

2. Which accounts do you want to open?

[X] Shares (required) If you would like to open additional accounts, please contact CUTX at 972-263-9497 or 1-800-314-3828.

3. Certification as to Tax Payer Identification Number and Backup Withholding

Under penalties of perjury, by signing below, I certify (1) that the number shown on this form is my correct taxpayer identification number; (2) that, unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and, (3) I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am not a U.S. Citizen or other U.S. Person

4. Account Ownership and Survivorship

- a. Please refer to your Account Agreement for a description of the different types of account ownership available to you.
b. If your account(s) will be multiple party, please identify joint owner(s) and/or POD (Payable on Death) beneficiary(ies), and any applicable account(s).
c. If a jointly owned account is to be designated without right to survivorship, member will draw a line through With Right of Survivorship and initial.

Joint Account with Right of Survivorship If you want to have a joint owner on your account(s), complete the following:

1. List Specific Account(s) for this Joint Owner

Name (Last, First Middle) Date of Birth
SSN Driver License CUTX Member Number
Street City State Zip
Home Phone Work Phone Cell Phone
Mother's Maiden Name Relationship to Member
Place of Employment Occupation

2. List Specific Account(s) for this Joint Owner

Name (Last, First Middle) Date of Birth
SSN Driver License CUTX Member Number
Street City State Zip
Home Phone Work Phone Cell Phone
Mother's Maiden Name Relationship to Member
Place of Employment Occupation

**4. Account Ownership and Survivorship, continued...**

**Payable on Death (POD) Beneficiary** If you want to have a POD beneficiary on your account(s), complete the following:

**1. List Specific Account(s) for this POD Beneficiary** \_\_\_\_\_  
 Name (Last, First Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Driver License \_\_\_\_\_ CUTX Member Number \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  Home  Work  Cell  
 Relationship to Member \_\_\_\_\_

**2. List Specific Account(s) for this POD Beneficiary** \_\_\_\_\_  
 Name (Last, First Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Driver License \_\_\_\_\_ CUTX Member Number \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  Home  Work  Cell  
 Relationship to Member \_\_\_\_\_

**5. Signatures and Authorizations**

By signing below, I hereby make application for membership in Credit Union of Texas and agree to subscribe for at least one share. I/we authorize the Credit Union to obtain consumer credit reports from credit reporting agencies and verify my employment history in connection with this application and any account or loan that I/we may open. Also, I/we authorize the Credit Union to obtain consumer credit reports for the purpose of considering me for additional financial products and services both now and in the future. I/we agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt at time of application, or within 10 days of my account being opened, of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Rate and Fee Schedule, Your Ability To Withdraw Funds Disclosure, the Substitute Checks and Your Rights (Check 21) Disclosure, the Electronic Funds Transfers Disclosure and Agreement, and the Privacy Policy which are made a part of this application. I/we agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. (The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.)

\*\* When you provide us your cellphone number, we have your permission to contact you at that number about your accounts. Your consent allows to use text messaging, voice messages, and automatic dialing technology for informational and account servicing calls. Message and data rates may apply. You may contact us and change these preferences at any time.

**(Driver licenses are imaged for identification purposes only.)**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Credit Union Use Only**

Member # _____	Verified By _____
Telecheck Code Number _____	Joint Owner(s) _____
F/M By _____	Date _____
Audited By _____	Date _____



**Take completed APPLICATION to a CUTX store with required identification, signatures, \$10 membership fee and \$5 minimum deposit**

**I WOULD LIKE EVEN MORE WITH MY MEMBERSHIP** I am interested in the following CUTX products and services:

<input type="checkbox"/> Savings — type: _____	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Loan — type: _____	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Checking — type: _____	<input type="checkbox"/> Investment Services
<input type="checkbox"/> Money Market — type: _____	<input type="checkbox"/> Auto Lease (FairLease)
<input type="checkbox"/> Certificate of Deposit — type: _____	<input type="checkbox"/> Other _____