



MEMBERSHIP APPLICATION & ACCOUNT AUTHORIZATION

\*\*IMPORTANT\*\*

In keeping with the USA Patriot Act, parties to new accounts are required to provide copies of valid driver's licenses, which will be electronically scanned, and social security cards to process membership.

I. YOUR INFORMATION

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_
SSN \_\_\_\_\_ Driver's License Number \_\_\_\_\_ E-Mail 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 a community charter area
[ ] Family member of someone eligible for membership \_\_\_\_\_ [ ] Student of higher learning institution

Someone Who Will Always Know Your Location:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_
(Street, City, State, Zip) \_\_\_\_\_
Please list any CUTX members you are related to \_\_\_\_\_

2. WHICH ACCOUNTS DO YOU WANT TO OPEN?

[ ] Shares (required) [ ] Savings (type: \_\_\_\_\_) [ ] Checking (type: \_\_\_\_\_)
[ ] Money Market (type: \_\_\_\_\_) [ ] Certificate of Deposit (type & term: \_\_\_\_\_)
[ ] Interested in ATM card? [ ] Interested in Debit Card (also ATM card)?

Are you interested in signing up for a Personal Identification Number (PIN) to use CUTX Telephone Teller? [ ] Yes [ ] No

Online banking/bill payer — Visit www.cutx.org to register online for these services.

If you are opening a checking account and DONOT want overdraft protection\*, please sign here:

Signature Declining Overdraft Protection \_\_\_\_\_

\* Please see separate form for opt-in for privilege pay overdraft protection for ATM and everyday debit card transactions.

3. CERTIFICATION AS TO TAXPAYER 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

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). With regard to Certificates of Deposit and any joint owner or POD beneficiary designated for a Certificate of Deposit account designated below, you agree that any such designation shall be applicable to any additional Certificate of Deposit purchased by you in the name of you and such joint owner or POD beneficiary unless a Subsequent Action Request and Authorization form is hereafter executed for any additional Certificate of Deposit.
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.

Continued...

4. ACCOUNT OWNERSHIP AND SURVIVORSHIP cont...

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

1. List Specific Account(s) For This Joint Owner
Name
CUTX Account Number
Address
Date of Birth
Driver's License #
SSN
Cell phone
Work phone
Home phone
Relationship to Member
Mother's Maiden Name
Place of Employment
Occupation

2. List Specific Account(s) For This Joint Owner
Name
CUTX Account Number
Address
Date of Birth
Driver's License #
SSN
Cell phone
Work phone
Relationship to Member
Mother's Maiden Name
Home Telephone
Place of Employment
Occupation

Payable on Death (POD) Beneficiary. If you want POD beneficiaries on your account(s), complete the following:

1. List Specific Account(s) For This POD
Name
Relationship to Member
Address
Date of Birth
Driver's License No.
SSN

2. List Specific Account(s) For This POD
Name
Relationship to Member
Address
Date of Birth
Driver's License No.
SSN

5. SIGNATURE 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. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. 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 within 10 days of my account being opened of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and 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.)

(Driver's licenses are imaged for identification purposes only.)

Member Signature
Date
Joint Owner Signature
Date
Joint Owner Signature
Date

For Credit Union Use Only
Member ID
Verified By
Telecheck Code Member
Joint Owner
F/M By
Date
Audited By
Date

