

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP SELECTION

Party Initials	Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.
_____	SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The party to the account is listed as the Member/Owner.
_____	SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section. The party to the account is listed as the Member/Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION. (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries. POD beneficiaries are listed in the "POD BENEFICIARIES" section. Parties to the account are listed as Member/Owner and Joint Owner.
_____	CONVENIENCE ACCOUNT. (Member must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner.

Print Name(s) of the Convenience Signer(s): _____ Signature(s) of the Convenience Signer(s): _____

Other _____ See Account Authorization Card

JOINT MULTIPLE PARTY ACCOUNT INFORMATION

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT TYPE		
<p>The authorizations and information given herein, and form of ownership chosen in the "ACCOUNT OWNERSHIP SELECTION" section apply to all of the accounts listed unless the Credit Union is notified in writing of a change.</p>		
Suffix*	Suffix*	
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____	
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____	
<p>*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.</p>		
ACCOUNT SERVICES		
<input type="checkbox"/> Payroll Deduction/Direct Deposit:		
<input type="checkbox"/> Audio Response:		
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):		
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:	
<input type="checkbox"/> PC Access/Internet Banking:		
<input type="checkbox"/> Other:		
POD BENEFICIARIES		
<p>Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed here are beneficiaries to all the accounts listed in the "ACCOUNT TYPE" section.</p>		
Name of Beneficiary	Identifying Information	
CUSTODIAL DESIGNATION AND INFORMATION		
<p>The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ (Custodian) as custodian for _____ (Minor) under the Texas Uniform Transfers to Minors Act.</p>		
Custodian's Address: _____		
Phone: _____	Date of Birth: _____	SSN/TIN: _____
DESIGNATION OF SUCCESSOR CUSTODIAN		
<p>Pursuant to the Texas Uniform Transfers to Minors Act, I designate successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.</p>		
Signature of Custodian: _____		Date: _____
Witness: _____		Date: _____
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION		
<p><i>By signing below and under penalties of perjury, I certify that:</i> (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), (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 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. person (including a U.S. resident alien).</p>		
<p>Certification Instructions. 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.</p>		
AUTHORIZATION		
<p>By signing below, I/we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>		
X	X	
Signature _____	Signature _____	Date _____
Date _____	Date _____	Date _____
X	X	
Signature _____	Signature _____	Date _____
Date _____	Date _____	Date _____
FOR CREDIT UNION USE ONLY		
<input type="checkbox"/> See Account Change Card <input type="checkbox"/> See Insurance Beneficiary Card		
Date of Membership: _____	Opened/App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking