Move your accounts to TCCU and start taking advantage of the personal difference today. We are excited to be your choice in financial institutions!

To open an account is easy – simply complete the Membership Applica	ation and bring
it to one of our New Accounts locations. Be sure to have the following w	ith you:
□ a valid driver's license,	
 proof of address if address different on license (utility bill in your n 	ame),
□ your social security card,	
□ and your opening deposit (\$6 for savings, \$31 for both savings an	d checking)

Once your new account is open you can complete and distribute the following forms:

Direct Deposit Authorization

Complete and present this form to your employer. This authorizes your employer to deposit all or a portion of your payroll to your account at TCCU.

Electronic Payment Change Authorization

Complete and present this form to any merchant who may be debiting from your account. (i.e.; utilities, pest or lawn care, credit card, cable, internet, etc.) This will instruct them of the change in your bank information.

Should you have any questions regarding this process, please contact us at 512-477-2641. You can learn more about our accounts by visiting the Products and Services page of our website.



Membership Application

See instructions at the bottom

MEMBERSHIP ELIGIBILITY – New Members check one that applies to you				
	amily member of existing memb	oer,		
ACCOUNTS AND SERVICES – Check any that apply New Member				
☐ Debit Card (Must be 18 or older. A Che Check to order additional cards for ☐ Jo		•		
ACCOUNT OWNERSHIP – Check one				
☐ Individual – owned by one person Payable on Death (POD)* allows member (or all members, available shares will be split eq designation. Beneficiary 1	r Trustee) and if applicable Co-T ually among all surviving benef	rustee to designate ciaries, except for IR	RAs with a sep	arate beneficiary
Beneficiary 2	SSN		DOB	
Beneficiary 3	SSN		DOB	
* For Joint or Payable on Death memberships ONLY, the other OWNER shown (joint owner or co-trustee) is classified as Joint Owner with Survivorship. This means that on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.				
MEMBER/PRIMARY OWNER INFORMATION	l — application may be denied if a	l fields are not comple	eted	
Legal name		DOB (MM/DD/	YYYY)	
SSN/TINDriver's	License	Email Address		
Home Phone	Cell	Work		
Are you a: (check one) ☐ US Citizen ☐ Resid	dent Alien 🔲 Non-resident Ali	en, Country of Citize	nship	
Physical Address	City, ST 2	ip		
Mailing Address	City, ST	Zip		
	Occupation Employer_			
Are you a college student? ☐ No ☐ Yes,	School you attend			
JOINT OWNER 1 INFORMATION – application		completed	☐ Add	Remove
Legal name		DOB (MM/DD/	YYYY)	
SSN/TINDriver's	License	Email Address		
Home Phone	Cell	Work		
Are you a: (check one) ☐ US Citizen ☐ Resi				
Physical Address City, ST Zip				
	ailing Address City, ST Zip			
Occupation	Employer			
Are you a college student? No Yes,	School you attend			
APPLICATION INSTRUCTIONS				
Complete all applicable parts of this application, both pages. Sign and date it on page 2. A "member share" deposit of \$5 plus a \$1 membership fee will establish your credit union membership. Include deposits for any other new accounts. Deposit at least \$25 to open a checking account.				
ALL APPLICANTS CONTINUE, DATE & SIGN ON PAGE 2				

JOINT OWNER 2 INFORMATION - ap	oplication may be denied if all fie	lds are not completed	☐ Add ☐ Remove	
Legal name		DOB (MM/	DD/YYYY)	
			SS	
			/ork	
			itizenship	
Physical Address		City, ST Zip		
Are you a college student? □No				
FOR CHECKING ACCOUNTS ONLY				
☐ A Check Order Form is requeste	ed. See current catalog, availa	ble in our lobby, for availa	ble styles and pricing.	
	e & Fee Schedule. Refer to you	r Membership and Accoun	ries an additional fee each time it is it Agreement for other conditions. erdraft Protection options.	
READ THIS IMPORTANT INFORMATI	ON BEFORE SIGNING – If y	ou have any questions,	please contact us before signing	
APPLICANTS FOR MEMBERSHIP ONLY: To the Board of Directors: By signing below I hereby: (1) apply for membership; (2) submit my \$5 for my one share in the credit union along with my \$1 membership fee; and (3) request a Main Share account be opened to deposit my share amount. I agree that I will be the sole owner of my Main Share account even if I am applying for other accounts that may be joint. ALL OWNERS — By signing below, I agree that all accounts, services and/or features opened or provided to me, are subject to all terms and conditions as stated in the: (1) Membership and Account Agreement (which includes Deposit Account Agreement, Funds Availability, Truth in Savings Disclosure and Electronic Funds Transfer Disclosure); (2) Rate & Fee Schedule; and (3) any other disclosure that applies to a specific product, service or feature. I acknowledge TCCU provided the aforementioned items/disclosures as applicable, and I agree and accept TCCU's right to amend any of these items/disclosures from time to time. In addition, I request that TCCU issue a CAL PIN (personal identification number) to me for telephone access to allowable accounts and services. PRIMARY OWNERS - By signing below, I agree that any Owner may request that additional services or features be added to any account for which the Owner is a party. JOINT OWNERS - I agree and acknowledge that the Primary Owner, and/or any person designated in the future as the Primary Owner, of the account(s) may remove me, as a Joint Owner, from the account(s). I further agree and acknowledge that I, as a Joint Owner, from the account(s) in the account(s) in the account(s). I further agree and acknowledge that I, as a Joint Owner, do not have the right to remove the Primary Owner from the account(s). I further agree and acknowledge that I, as a Joint Owner, do not have the right to remove the Primary Owner from the account(s). I further agree and acknowledge that I, as a Joint Owner, do not have the right to remove the Primary Owner from the account(s). I further agr				
Signature of Member, Primary Owner	Date	☐ Name Change ☐ Ch Services opened	ange POD □ Remove Joint Owner /added Suffix	
Signature of Joint Account Owner #1 (if	applicable) Date			
Signature of Joint Account Owner #2 (if	applicable) Date			
FOR CREDIT UNION USE ONLY Date Received:	☐ ChexSystems ☐ OFA	.C 🔲 Valid ID 🔲 Ad	dress supported	
Employee:	·		☐ Online Banking Setup	
r · · · / · · ·			O 0 0 0 0 0 P	

Direct Deposit Instructions

Date		Employee Number		
Empl	oyee Name _			
Empl	oyer			
Empl	oyer Address	3		
New Financial Institution:		titution:	Travis County Credit Union P.O. Box 6190, Austin, TX 78762-6190	
New Financial Institution Routing Number:		titution Routing Number:	314977382	
New	Financial Inst	titution Account Number:		
Payro	oll Number		Effective Date	
	Checking	Acct#	Amnt: \$	
	Savings	Acct#	Amnt: \$	
indica effec a pre	ated to Travis tive date indic	County Credit Union for e cated above and until furth zation, I instruct my emplo	named above to deposit the amounts ach payroll period beginning on the er notice from me. If this is a change in yer to cancel my previous Authorization	
Signa	ature		Date	

Please note that your employer may require the use of their prescribed form and or a voided check.

Electronic Payment Change Authorization

Name of Merchant	
Employer Address	
Account Number	Payment Amnt \$
I hereby authorize and request that my electron	onic payment be updated to the following:
New Financial Institution:	Travis County Credit Union P.O. Box 6190, Austin, TX 78762-6190
New Financial Institution Routing Number:	314977382
New Financial Institution Account Number:	
Checking Savings	
I authorize this change in electronic payment	
Signature	Date