



TRAVIS COUNTY CREDIT UNION

P.O. Box 6190

Austin, TX 78762-6190

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 Application** and bring it to one of our New Accounts locations. Be sure to have the following with you:

- a valid driver's license,
- proof of address if address different on license (utility bill in your name),
- your social security card,
- and your opening deposit (\$6 for savings, \$31 for both savings and 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

- Travis County employee Travis County resident Work within Travis County
 I am an existing member Family member of existing member, _____

ACCOUNTS AND SERVICES – Check any that apply

- New Member Main Share (all new members are required to have a Main Share)
 Special Savings Money Market Holiday Club
 Share Certificate Term _____ Dividend Payment (check one) Compound Pay by check Credit Account _____
 #Checking2.0 Account Advantage Checking E-Saver Checking Check Plus Checking Unlimited Checking
 Debit Card (Must be 18 or older. A Checking account is required for a Debit Card.)
 Check to order additional cards for Joint Owner #1 Joint Owner #2

ACCOUNT OWNERSHIP – Check one

- Individual – owned by one person Joint* - joint account with survivorship

Payable on Death (POD)* allows member (or Trustee) and if applicable Co-Trustee to designate beneficiaries. Upon the death of all members, available shares will be split equally among all surviving beneficiaries, except for IRAs with a separate beneficiary designation.

Beneficiary 1 _____ SSN _____ DOB _____

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 – application may be denied if all fields are not completed

Legal name _____ DOB (MM/DD/YYYY) _____
 SSN/TIN _____ Driver's License _____ Email Address _____
 Home Phone _____ Cell _____ Work _____
 Are you a: (check one) US Citizen Resident Alien Non-resident Alien, Country of Citizenship _____
 Physical Address _____ City, ST Zip _____
 Mailing Address _____ City, ST Zip _____
 Occupation _____ Employer _____
 Are you a college student? No Yes, School you attend _____

JOINT OWNER 1 INFORMATION – application may be denied if all fields are not completed

Add Remove

Legal name _____ DOB (MM/DD/YYYY) _____
 SSN/TIN _____ Driver's License _____ Email Address _____
 Home Phone _____ Cell _____ Work _____
 Are you a: (check one) US Citizen Resident Alien Non-resident Alien, Country of Citizenship _____
 Physical Address _____ City, ST Zip _____
 Mailing 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 – application may be denied if all fields are not completed Add Remove

Legal name _____ DOB (MM/DD/YYYY) _____

SSN/TIN _____ Driver's License _____ Email Address _____

Home Phone _____ Cell _____ Work _____

Are you a: (check one) US Citizen Resident Alien Non-resident Alien, Country of Citizenship _____

Physical Address _____ City, ST Zip _____

Mailing Address _____ City, ST Zip _____

Occupation _____ Employer _____

Are you a college student? No Yes, School you attend _____**FOR CHECKING ACCOUNTS ONLY** A **Check Order Form** is requested. See current catalog, available in our lobby, for available styles and pricing. **Overdraft Protection** is available utilizing your Share (savings) account. This service carries an additional fee each time it is used. Refer to the current *Rate & Fee Schedule*. Refer to your Membership and Account Agreement for other conditions. Refer to our Products & Services page online or visit a representative for additional Overdraft Protection options.**READ THIS IMPORTANT INFORMATION BEFORE SIGNING – If you 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) without my authorization or knowledge and without notification. I agree to hold TCCU harmless should the Primary Owner of the account(s) remove me, as a Joint 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 acknowledge that I have reviewed the Membership and Account Agreement regarding other details related to removal of a Joint Owner from the account(s).**My/Our signature(s) below is/are my/our continuing authorization for TCCU to follow my/our electronic, written or verbal instructions and I/we agree that this authorization will remain in effect unless TCCU receives written and acceptable instructions to the contrary.****IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT –** Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we may ask for your name, address, date of birth and other information that allows us to identify you. We will also ask to see and record your driver's license and/or other identifying documents.**TAX CERTIFICATION –** Under penalties or perjury, by signing below I certify that: (1) the Social Security or Tax ID Number listed in the Owner Information section, is the correct number for tax reporting purposes; (2) I am not subject to backup withholding under the provisions of the IRS Code; (3) I am a U.S. person or U.S. resident alien; and (4) all information provided is correct. Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have not been notified that the backup withholding is terminated, you should strike out the language in clause 2 above. If you are not a U.S. person, cross out clause 3 and complete W-8BEN.**The IRS does not require your consent to any provision of this document other than certification required to avoid backup withholding.**

Signature of Member, Primary Owner _____ Date _____

Signature of Joint Account Owner #1 (if applicable) _____ Date _____

Signature of Joint Account Owner #2 (if applicable) _____ Date _____

APPLICATION PURPOSE New Account Add Service Add Joint Owner
 Name Change Change POD Remove Joint Owner
Services opened/added _____ Suffix _____**FOR CREDIT UNION USE ONLY**Date Received: _____ TeleCheck _____ OFAC Valid ID Address supportedEmployee: _____ CAL PIN generated E-Stmts offered

Direct Deposit Instructions

Date _____ Employee Number _____

Employee Name _____

Employer _____

Employer Address _____

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: _____

Payroll Number _____ Effective Date _____

Checking Acct# _____ Amnt: \$ _____

Savings Acct# _____ Amnt: \$ _____

I hereby authorize and request the employer named above to deposit the amounts indicated to Travis County Credit Union for each payroll period beginning on the effective date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ 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 electronic 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 to become effective

_____.

Signature _____ Date _____