

**LCRA CREDIT UNION**  
3701 Lake Austin Blvd, Austin TX 78703

## Membership Application and Account Authorization

**Member No:**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

**Member/Owner:** \_\_\_\_\_ **Date:**    /    /

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ Password: \_\_\_\_\_

E-mail: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name, Address, and Telephone of Someone Who Will Always Know Your Location: \_\_\_\_\_

### ACCOUNT TYPE

All of the accounts designated in this section will be owned according to the ACCOUNT OWNERSHIP section herein unless the credit union is notified in writing of a change in a manner approved by the credit union. The account number for each account will be your member number followed by the suffix for the account. For example: 000000-00. **A signature card is required for each account opened at the credit union.**

- |  |  |
|--|--|
| <p align="center">Suffix</p> <p><input type="checkbox"/> Membership Share _____</p> <p><input type="checkbox"/> Regular Share _____</p> <p><input type="checkbox"/> Christmas Club Share _____</p> <p><input type="checkbox"/> Trust Account _____</p> | <p align="center">Suffix</p> <p><input type="checkbox"/> Regular Checking _____</p> <p><input type="checkbox"/> Power Checking _____</p> <p><input type="checkbox"/> Other _____</p> |
|--|--|

### ACCOUNT SERVICES

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Payroll Deduction*                  | <input type="checkbox"/> PowerCard ATM Card*       | <input type="checkbox"/> VISA Check Card*     |
| <input type="checkbox"/> Direct Deposit*                     | <input type="checkbox"/> PowerOnline Home Banking* | <input type="checkbox"/> MasterCard*          |
| <input type="checkbox"/> PowerLine Telephone Audio Response* | <input type="checkbox"/> Other: _____              | <input type="checkbox"/> Overdraft Protection |
| <input type="checkbox"/> Other: _____                        | <input type="checkbox"/> Other: _____              | <input type="checkbox"/> From Share Account:* |

**\*This is not an application for credit and a separate application is necessary for this service. Please alert a credit union representative if you wish to apply for this service.**

### ACCOUNT OWNERSHIP

Initials	Select ONE of the following types of account ownership by placing your initials next to the account ownership selected. The type of account ownership you select may determine how property passes on your death and will apply to all of the accounts selected in the ACCOUNT TYPES section above. Your will may not control the disposition of funds held under some of the following types of account ownership.
_____	<b>SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION.</b> 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.
_____	<b>SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION.</b> The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not part of the party's estate. Provide information regarding P.O.D. beneficiaries on the reverse.
_____	<b>MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.</b> The parties to the account own the account in proportion to the parties' net contributions to the account. The credit union 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. Complete Multiple-Party Section on the reverse.
_____	<b>MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP and "P.O.D." (PAYABLE ON DEATH) DESIGNATION.</b> The parties to the account own the account in proportion to the parties' net contributions to the account. The credit union 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 P.O.D. beneficiaries. Complete Multiple-Party Section and provide information regarding P.O.D. beneficiaries on the reverse.
_____	<b>TEXAS UNIFORM TRANSFERS TO MINORS ACT (TUTMA).</b> The account(s) is/are held by _____ as custodian for _____ (minor) under the Texas Uniform Transfers to Minors Act. Amounts deposited into the account constitute an irrevocable gift to the minor. The custodian named is the sole party entitled to access the account for the minor's benefit.
_____	<b>TRUST ACCOUNT.</b> Complete Trust Account Section on the reverse.
_____	<b>OTHER.</b> _____

Member/Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**MULTIPLE-PARTY/ORGANIZATION ACCOUNTS**

<input type="checkbox"/> <b>Joint Owner</b>	SSN/TIN
Street	Driver's License No.
City/State/Zip	Date of Birth
Home Phone ( )	Work Phone ( )
Password	E-Mail

<input type="checkbox"/> <b>Joint Owner</b>	SSN/TIN
Street	Driver's License No.
Home Phone ( )	Work Phone ( )
City/State/Zip	Date of Birth
Password	E-Mail

**P.O.D. BENEFICIARIES**

If you have made a Payable On Death designation in the Account Ownership section, then upon the death of the last account owner, ownership of the account passes to the following P.O.D. beneficiaries:

NAME	ADDRESS, TELEPHONE NUMBER, AND SOCIAL SECURITY NUMBER

**DESIGNATION OF SUCCESSOR CUSTODIAN FOR TUTMA ACCOUNT**

I hereby designate \_\_\_\_\_ as successor custodian for all accounts listed in the ACCOUNT TYPES section. This designation only takes effect upon my resignation, death, incapacitation, or removal.

Custodian Signature _____	Date _____
Witness _____	Date _____

**TRUST ACCOUNT**

Grantor(s)	Beneficiaries	Relationship to Grantor
<b>Trustee</b> Address _____ SSN/TIN _____		
Phone ( ) _____ ( ) _____		
<b>Successor Trustee</b>		

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

**By signing below and under penalties of perjury, you certify (1) that the number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), (2) that you are not subject to backup withholding because (a) you are exempt from backup withholding, (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and (3) you are a U.S. person (including a U.S. resident alien).**

**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 IRS Form W-8BEN if you are not a U.S. person.

**SIGNATURES AND AUTHORIZATIONS**

By signing below, you hereby make application for membership in the LCRA Credit Union and agree to subscribe for at least one share. You acknowledge and agree that the ownership and P.O.D. beneficiaries of any accounts or services you establish in the future will be the same as set forth in this Application unless otherwise designated in writing in a form approved by us. You authorize the credit union to check your credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with you. You agree to conform to the credit union's bylaws, policies, and procedures now in effect and as amended or adopted hereafter. You acknowledge receipt of and agree to be bound by the LCRA Credit Union Account Agreement, Truth-in-Savings Disclosures and Rate and Fee Schedule, Electronic Fund Transfers Agreement and Disclosures, and Funds Availability Policy, all of which are incorporated herein. If you have designated your account to be opened as a multiple-party account with right of survivorship, then on the death of one party to the account, all sums in the account on the date of death vest in and belong to each surviving party as their separate property and estate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____ Signature	X _____ Signature
X _____ Signature	X _____ Signature

**FOR CREDIT UNION USE ONLY**

<b>Date of Membership:</b>	<b>Opened By:</b>	<b>Date Identity Verification Complete:</b>
Documentary Verification <input type="checkbox"/> Driver's License <input type="checkbox"/> SSN/TIN <input type="checkbox"/>	Non-Documentary Verification (Describe in detail methods and results of non-documentary verification)	
Driver's License No _____ Exp Date _____		
Other Type of Document and ID No _____ Exp Date _____		
Date and Place of Issuance _____ Exp Date _____		
Other Type of Document and ID No _____ Exp Date _____		
Date and Place of Issuance _____ Exp Date _____		
Treasury CIP List Date Checked _____ Initials _____	Resolution of Discrepancy: Describe any discrepancy in verifying information obtained and resolution of that discrepancy.	
OFAC List Date Checked _____ Initials _____		
Other List _____		