



Application for Membership

INSTRUCTIONS:

- 1. Print this form: complete and sign it.**
- 2. Include a check or money order for at least the minimum initial required deposit:**
 - \$5.00 for Regular Share, Christmas Club, Alternate Savings, and Vacation Club Accounts**
 - \$50.00 for Share Draft (checking) accounts. There is no minimum balance requirement, and no service charges. (approval required)**
- 3. Include a copy of your valid driver's license.**
- 4. Enclose in an envelope and mail to:**

**Transco Federal Credit Union
Attn: Member Service
12930 Northwest Freeway
Houston, Texas 77040**

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 ownership 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 "P.O.D." (PAYABLE ON DEATH) 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 "P.O.D." (PAYABLE ON DEATH) DESIGNATION. 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 a part of the party's estate. P.O.D. beneficiaries are listed in the P.O.D BENEFICIARIES section. The party to the account is listed as the Member/Owner.
_____ _____ _____	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.
_____ _____ _____	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.
_____ _____ _____	MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) 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 P.O.D. beneficiaries. P.O.D. beneficiaries are listed in the P.O.D BENEFICIARIES section. Parties to the account are listed as Member/Owner and Joint Owner.
_____	CONVENIENCE ACCOUNT. (Member must initial) The party to the account owns the account. The cosigner to the account may make account transactions for the party. The cosigner does not own 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 financial institution may pay funds in the account to the cosigner before the financial institution receives notice of the death of the party. The payment to the cosigner does not affect the party's ownership of the Owner. Name of the Cosigner: _____ (please print) Signature of the Cosigner: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> See Account Authorization Card

MULTIPLE-PARTY 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

The authorizations and information given herein, and form of ownership chosen in the ACCOUNT OWNERSHIP SELECTION section apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix #*		Suffix #*	
<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> Living Trust:	_____
<input type="checkbox"/> Share Certificate:	_____	<input type="checkbox"/> Other:	_____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card: Debit Card:

PC Access/Internet Banking:

Other:

P.O.D BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the ACCOUNT TYPE section.

Name of Beneficiary	Identifying Information

CUSTODIAL DESIGNATION AND INFORMATION

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.

Custodian's Address _____

Phone: () _____ Date of Birth: _____ SSN: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Texas Uniform Transfer to Minors Act, I hereby 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.

Signature of Custodian _____ Date _____

Witness _____ Date _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below and under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,**
- (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 a 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).**

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.

AUTHORIZATION

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 Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. **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 Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature 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