



## *Application for Membership*

### **INSTRUCTIONS:**

- 1. Print the form below. 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 on checking once account is open, and no service charges. (Approval required for checking account)**
- 3. Include a copy of your valid driver's license and a copy of your Social Security card. If your address doesn't match your driver's license, we will also need a copy of a recent Utility bill to verify your current address.**
- 4. Enclose in an envelope and mail to:**

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



**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.**

<b>X</b> _____	<b>X</b> _____
Signature _____ Date _____	Signature _____ Date _____
<b>X</b> _____	<b>X</b> _____
Signature _____ Date _____	Signature _____ Date _____

<b>FOR CREDIT UNION USE ONLY</b>	<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