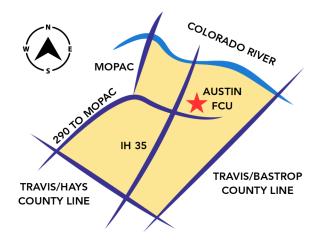


### **Membership Information**



Membership is open to anyone who lives, works, worships, goes to school or volunteers within our field of membership in South Austin, TX. The shaded area to the left (south of the River, east of Mopac and within Travis County) defines our field of membership. Family members of existing members may also qualify for membership.

# What do I need to open an account?

Opening an account is easy! Simply fill out the reverse side of this form, and bring it along with Government-Issued <u>Photo ID</u>, and proof of address. If you're using your employer, church, school or volunteer work to qualify for membership – we'll need proof of that address too.

# Acceptable Forms of ID Include:

- Driver's License or State ID
- US Passport
- Military or Military Dependent ID Card
- VA or Government Work ID
- Resident Alien/Visa/Matricular

# -ccccccc

# New Account Checklist

- Membership Application
- O Photo Identification
- OProof of Address
- OSocial Security Number or Tax ID
- ○\$5 Initial Share Deposit

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING NEW ACCOUNTS

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 you 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.

## **New Membership Application**



Austin FCU's policy is to verify ALL identification through ChexSystems for all applicants.

This information will also be used to determine account eligibility.

Member Information:		
Name:	Pronouns (optional)	
SSN/TIN:	Date of Birt	th:/
Address:Street Add		
	ress City □Home □Work □Cell ()	State   Zip
	Employer:	
How do you qualify for memb	pership?  Home Address  Work	Address
☐ Volunteer Address ☐ School	ol Address $\; \Box$ Immediate Family Memk	
Qualifier Address:		(Name of Family Member)
(if not Home Address) Str	reet Address City	State Zip
$\square$ Joint Owner or $\square$ Beneficial	ry Information:	
Name:	Pronouns (optic	onal)
SSN/TIN:	Date of Birth://	
Address: Street	Address City	State Zip
Phone Number(s): ()	□Home □Work □Cell 	□Home □Work □Cell _)
Email Address:	Employer:	
If you would like to designate	an additional beneficiary, please inclu	ude their information here:
Name:	SSN/TIN:	Date of Birth://
<b>Type of Account(s):</b> $\square$ Savings (Share) $\square$ Checking $\square$ Holiday Club $\square$ Youth/Minor $\square$ TUTMA		
$\square$ Organizational $\square$ Estate $\square$	☐ Trust ☐ Other:	
-	<b>ATM or Debit Card?</b> ☐ ATM ☐ Dedaily limit of \$1,500 for purchases, \$500 for cas	
What additional products would you like more info on?	<ul><li>☐ Direct Deposit</li><li>☐ Overdraft Protect</li><li>☐ Personal Loans</li><li>☐ Vehicle Loans</li></ul>	
What brought you to AFCU?	$\square$ Location $\square$ Advertisement $\square$ Int	ternet Search 🗌 Social Media
☐ Direct Mail ☐ Local Event:		☐ Other:
	and correct to the best of my knowle report to verify my idenity and eligil	
Member/Owner Signature:		Date:
Joint Owner Signature:		Date: