

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

New Account Checklist

- Membership Application
- Photo Identification
- Proof 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 Birth:	/	/	
Address:Street Address				
Phone Number(s): () □Hon	•	State	Zip □Home □Work □Cell	
Email Address:	Employer:			
How do you qualify for membership? ☐ Hom	e Address 🗌 Work Addres	ss 🗌 Worsh	nip Address	
\square Volunteer Address \square School Address \square Imr	nediate Family Member:			
Qualifier Address:	City		amily Member) Zip	
☐ Joint Owner or ☐ Beneficiary Information:				
Name:	Pronouns (optional)			
SSN/TIN: Date of Birt	h:/			
Address: Street Address	City	State	Zip	
Phone Number(s): ()	ne UWork UCell		⊔Home ⊔Work ⊔Cell	
Email Address:	Employer:			
If you would like to designate an additional beneficiary, please include their information here:				
Name: SSN/TIN	l: Da	ate of Birth:	//	
Type of Account(s): ☐ Savings (Share) ☐ Checcount(s): ☐ Organizational ☐ Estate ☐ Trust ☐ Other:			☐ TUTMA	
Would you like to be issued an ATM or Debit Canal Austin FCU Debit Cards come with a daily limit of \$1,500 for				
Trial additional products	t \square Overdraft Protection \square s \square Vehicle Loans \square Credit			
What brought you to AFCU? ☐ Location ☐ A	Advertisement $\ \square$ Internet S	Search 🗆 Sc	ocial Media	
☐ Direct Mail ☐ Local Event:	O ₁	ther:		
The above information is true and correct to the to pull a ChexSystems/Qualifie report to verify	-			
Member/Owner Signature:		Date:		
Joint Owner Signature:		Date:		