

## **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 2 forms of ID (one <u>must</u> be government-issued <u>with your photo</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 Work ID
- Resident Alien/Visa/Matricular

- Social Security Card
- Government Work ID
- Voter Registration Card
- Student ID
- Birth Certificate

## 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 Account Checklist**

- Membership Application
- Proof of Address
- Photo Identification
- O Social Security Number or Tax ID
- \$5 Initial Share Deposit



# **New Membership Application**

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

Member Information:				
Name:	SSN:	Date of Birth	:	
If you would like to designate a nickname	or a pronoun, please let yo	ur MSR know at account openin	g.	
Address:Street Address	City	State	 Zip	
Phone Numbers: () O H		State _)		
Email Address:	Employer:			
Employer Address:				
(If used to qualify for membership) Street Address	City	State	Zip	
O Joint Owner or O Beneficiary Information:				
Name:	SSN: Date of Birth:			
Address:				
Street Address	City	State	Zip	
Phone Numbers: () O H	ome	_)	me ( ) Work ( ) Cel	
Email Address:	Employer:			
Employer Address:				
(If used to qualify for membership) Street Address	City	State 	Zip 	
If you would like to designate an additional bene	ficiary, please include th	neir information here:		
Name:	SSN:			
Type of Account(s): Savings (Share) TUTMA Trust		Aarket ○ Organizationa Organizationa e Proprietorship/Partnership		
Would you like to be issued an ATM or Debit Card *Austin FCU Debit Cards come with a standard daily limit			otal transactions.	
What additional products would you like more info on?	Overdraft Protection	tion \( \) Wire Services \( \) Mortgage/Home Equ	uity Loans	
The above information is true and correct to the b	est of my knowledge:			
Member/Owner Signature:		Date:		
Joint Owner Signature:		Date:	Date:	
What brought you to AFCU?   Location   Advert	isement () Internet Sear	ch ( ) Other		

(This document is for informational purposes only, it does NOT take the place of the actual signature card.)