



## MEMBERSHIP APPLICATION

Thank you for your interest in Las Colinas Federal Credit Union. We will need the following items from you in order to process your new account request:

- Completed Membership Application
  
- Photocopy of an unexpired government issued ID (Driver's License, Texas State ID, Military ID or Passport) for all signers on the account
  
- A check or money order made payable to Las Colinas FCU to open your account (minimum \$25) or a completed Payroll Deduction Form from a participating sponsor company
  
- Send completed Membership Application along with above items to:

Las Colinas FCU  
ATTN: New Accounts  
PO Box 630347  
Irving, TX 75063-0347

We will process your request the day we receive it. You will receive your membership account number in the mail along with the Account Agreement, Truth-in-Savings Disclosures and Rate & Fee Schedule.

If you need any additional information, please contact us at 1-800-851-5132, or you may contact us via email at [memberserv@lascolinasfcu.com](mailto:memberserv@lascolinasfcu.com).



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### IMPORTANT IDENTIFICATION REQUIREMENTS

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 your name, address, date of birth and other information that will allow us to identify you.

## PRIMARY MEMBER INFORMATION

MEMBER NO. \_\_\_\_\_

NAME		DATE OF BIRTH	SSN	
PHYSICAL ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE		
EMAIL ADDRESS		MOTHER'S MAIDEN NAME	DRIVER'S LICENSE #	
HOW ARE YOU ELIGIBLE FOR MEMBERSHIP?				
<input type="checkbox"/> EXISTING MEMBER – ACCT # _____		<input type="checkbox"/> FAMILY MEMBER OF SOMEONE ELIGIBLE FOR MEMBERSHIP _____		
<input type="checkbox"/> EMPLOYER _____		<input type="checkbox"/> LIVE, WORK, ATTEND SCHOOL OR WORSHIP IN A COMMUNITY WE SERVE		

## ACCOUNT TYPE

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Share Savings (required) | <input type="checkbox"/> Holiday Club Savings | <input type="checkbox"/> Share Certificate                        | <input type="checkbox"/> DBA                       |
| <input type="checkbox"/> Special Savings          | <input type="checkbox"/> Money Market Savings | <input type="checkbox"/> Checking (requires separate application) | <input type="checkbox"/> Organization/Fund Account |

## JOINT OWNER(S)

NAME	BIRTH DATE	SSN	DL No.
PHYSICAL ADDRESS		CITY	STATE ZIP
NAME	BIRTH DATE	SSN	DL No.
PHYSICAL ADDRESS		CITY	STATE ZIP
NAME	BIRTH DATE	SSN	DL No.
PHYSICAL ADDRESS		CITY	STATE ZIP

## PAYABLE ON DEATH

If a payable on death (POD) payee is named below, I hereby designate the named person as my POD payee and instruct the Credit Union that after my death or, if this is a joint account, after the death of the last survivor, it shall pay to the POD payee(s), if then living, all amounts in this account and all sub-accounts [except for amounts in Trust Accounts, so designated which shall be subject to applicable terms of the trust agreement].

NAME	BIRTH DATE	SSN	PHONE
ADDRESS			
NAME	BIRTH DATE	SSN	PHONE
ADDRESS			

## TAXPAYER CERTIFICATION

Under Penalties of Perjury, By Signing Below, I Certify That: 1. The number shown on this form is my correct taxpayer identification number; 2. Unless designated below, 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 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. citizen (including a U.S. resident alien).

- I am subject to backup withholding  
 I am not a citizen or resident of the United States (Complete Form W-8BEN)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## SIGNATURE AND AUTHORIZATIONS

By signing below, I/we hereby make application for membership in Las Colinas Federal Credit Union and agree to subscribe to at least one share. In considering this application and/or request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth-in-Savings Disclosures and Rate and Fee Schedule, all of which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. If I/we have designated any account opened to be a Joint Account with Right of Survivorship, then on the death of one party to such account, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property.

MEMBER SIGNATURE _____	DATE _____
JOINT OWNER SIGNATURE _____	DATE _____
JOINT OWNER SIGNATURE _____	DATE _____
JOINT OWNER SIGNATURE _____	DATE _____