



TRAVIS COUNTY CREDIT UNION

P.O. Box 6190

Austin, TX 78762-6190

Move your accounts to TCCU and start taking advantage of the personal difference today. We are excited to be your choice in financial institutions!

To open an account is easy – simply complete the **Membership Application** and bring it to one of our New Accounts locations. Be sure to have the following with you:

- a valid driver's license,
- proof of address if address different on license (utility bill in your name),
- your social security card,
- and your opening deposit (\$6 for savings, \$31 for both savings and checking)

Once your new account is open you can complete and distribute the following forms:

Direct Deposit Authorization

Complete and present this form to your employer. This authorizes your employer to deposit all or a portion of your payroll to your account at TCCU.

Electronic Payment Change Authorization

Complete and present this form to any merchant who may be debiting from your account. (i.e.; utilities, pest or lawn care, credit card, cable, internet, etc.) This will instruct them of the change in your bank information.

Should you have any questions regarding this process, please contact us at 512-477-2641. You can learn more about our accounts by visiting the Products and Services page of our website.



Membership Application

See instructions at the bottom

MEMBERSHIP ELIGIBILITY – New Members check one that applies to you

- Travis County employee Travis County resident Work within Travis County
 I am an existing member Family member of existing member, _____

ACCOUNTS AND SERVICES – Check any that apply

- New Member Main Share (all new members are required to have a Main Share)
 Special Savings Money Market Holiday Club
 Share Certificate Term _____ Dividend Payment (check one) Compound Pay by check Credit Account _____
 Kasasa Cash Back® with Kasasa Saver® Kasasa Cash® with Kasasa Saver® Advantage Checking #Checking2.0
 Debit Card (Must be 18 or older. A Checking account is required for a Debit Card.)
 Check to order additional cards for Joint Owner #1 Joint Owner #2

ACCOUNT OWNERSHIP – Check one

- Individual – owned by one person Joint* - joint account with survivorship

Payable on Death (POD)* allows member (or Trustee) and if applicable Co-Trustee to designate beneficiaries. Upon the death of all members, available shares will be split equally among all surviving beneficiaries, except for IRAs with a separate beneficiary designation.

Beneficiary 1 _____ SSN _____ DOB _____
 Beneficiary 2 _____ SSN _____ DOB _____
 Beneficiary 3 _____ SSN _____ DOB _____

* For Joint or Payable on Death memberships ONLY, the other OWNER shown (joint owner or co-trustee) is classified as Joint Owner with Survivorship. This means that on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

MEMBER/PRIMARY OWNER INFORMATION – application may be denied if all fields are not completed

Legal name _____ DOB (MM/DD/YYYY) _____
 SSN/TIN _____ Driver's License _____ Email Address _____
 Home Phone _____ Cell _____ Work _____
 Are you a: (check one) US Citizen Resident Alien Non-resident Alien, Country of Citizenship _____
 Physical Address _____ City, ST Zip _____
 Mailing Address _____ City, ST Zip _____
 Occupation _____ Employer _____
 Are you a college student? No Yes, School you attend _____

JOINT OWNER 1 INFORMATION – application may be denied if all fields are not completed

Add Remove

Legal name _____ DOB (MM/DD/YYYY) _____
 SSN/TIN _____ Driver's License _____ Email Address _____
 Home Phone _____ Cell _____ Work _____
 Are you a: (check one) US Citizen Resident Alien Non-resident Alien, Country of Citizenship _____
 Physical Address _____ City, ST Zip _____
 Mailing Address _____ City, ST Zip _____
 Occupation _____ Employer _____
 Are you a college student? No Yes, School you attend _____

APPLICATION INSTRUCTIONS

Complete all applicable parts of this application, both pages. Sign and date it on page 2.
 A "member share" deposit of \$5 plus a \$1 membership fee will establish your credit union membership.
 Include deposits for any other new accounts. Deposit at least \$25 to open a checking account.

ALL APPLICANTS CONTINUE, DATE & SIGN ON PAGE 2

Direct Deposit Instructions

Date _____ Employee Number _____

Employee Name _____

Employer _____

Employer Address _____

New Financial Institution:

Travis County Credit Union
P.O. Box 6190, Austin, TX 78762-6190

New Financial Institution Routing Number:

314977382

New Financial Institution Account Number:

Payroll Number _____ Effective Date _____

Checking Acct# _____ Amnt: \$ _____

Savings Acct# _____ Amnt: \$ _____

I hereby authorize and request the employer named above to deposit the amounts indicated to Travis County Credit Union for each payroll period beginning on the effective date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Date _____

Please note that your employer may require the use of their prescribed form and or a voided check.

Electronic Payment Change Authorization

Name of Merchant _____

Employer Address _____

Account Number _____ Payment Amnt \$ _____

I hereby authorize and request that my electronic payment be updated to the following:

New Financial Institution:

**Travis County Credit Union
P.O. Box 6190, Austin, TX 78762-6190**

New Financial Institution Routing Number:

314977382

New Financial Institution Account Number: _____

Checking

Savings

I authorize this change in electronic payment to become effective

_____.

Signature _____ Date _____