

AUTHORIZED SIGNERS

MEMBER NUMBER _____	PRIMARY MEMBER _____	DATE _____
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Account Type: Savings NuGen Minor NuGen TUTMA Vacation Club Christmas Club
 Other _____

I/WE agree to the terms and conditions of the Membership and Account Agreement Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and any rules, regulations and By-Laws and to any amendments the Credit Union makes from time to time are incorporated herein. If joint account, we agree that all sums on deposit in this account shall be owned by us jointly, with right of survivorship. Payment of such sums may be made upon the request by any of us. Any payment made at the request of any of us or any other person with the right to request payment discharges the Credit Union from any liability for such payment.

Member / Owner

1. _____

Print Name	Signature
Address	SSN DOB
City, State, Zip	TDL Mother's Maiden Name

Co-Owner

2. _____

Print Name	Signature
Address	SSN DOB
City, State, Zip	TDL Mother's Maiden Name

Co-Owner

3. _____

Print Name	Signature
Address	SSN DOB
City, State, Zip	TDL Mother's Maiden Name

UNIFORM SINGLE PARTY OR MULTIPLE PARTY ACCOUNT SELECTION NOTICE: The type of account selection you select may determine how property passes on in the event of your death. Your will may not control the disposition of funds held in some of the following accounts. **The Ownership Type/ rights at death designation specified on this document will remain the same for all accounts listed above. (Select one of the following by initialing).**

- _____ **Single – Party Account Without P.O.D. Designation.**
In the name of the Member only with no rights at death.
- _____ **Single – Party Account with P.O.D. Designation.**
Beneficiary(ies) _____
Beneficiary(ies) _____
- _____ **Multiple Party Account with Right of Survivorship.**
- _____ **Multiple Party Account without the Right of Survivorship.**
- _____ **Multiple Party Account with Right of Survivorship and P.O.D Designation.**
Beneficiary(ies) _____
Beneficiary(ies) _____
- _____ **TUTMA (Texas Uniform Transfers to Minors Act)**
Custodian's Name: _____
Minor's Name: _____ SSN _____