

AUTHORIZED SIGNERS

MEMBER NUMBER _____	PRIMARY MEMBER _____	DATE _____
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> NuGen Minor <input type="checkbox"/> NuGen TUTMA <input type="checkbox"/> Vacation Club <input type="checkbox"/> Christmas Club		
<input type="checkbox"/> 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. _____	Signature _____
Print Name _____	SSN _____
Address _____	DOB _____
City, State, Zip _____	TDL _____
Mother's Maiden Name _____	
Co-Owner	
2. _____	Signature _____
Print Name _____	SSN _____
Address _____	DOB _____
City, State, Zip _____	TDL _____
Mother's Maiden Name _____	
Co-Owner	
3. _____	Signature _____
Print Name _____	SSN _____
Address _____	DOB _____
City, State, Zip _____	TDL _____
Mother's Maiden Name _____	

UNIFORM SINGLE PARTY OR MULTIPLE PARTY ACCOUNT SELECTION NOTICE: The type of account select ion 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** _____