



89 Harry Hines Blvd, Dallas, TX 75235
(214) 357-3328 • RelyOnCU.org

MEMBERSHIP APPLICATION

Important information about procedures for opening a new account: 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. Which means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for Driver's License, Military License, etc., and other identifying documents.

Primary Owner	Full Name _____ Birth Date _____
	SSN _____ DL State _____ and Number _____ Mother's Maiden Name _____
	Physical Address _____ City _____ State _____ Zip _____
	Primary Phone _____ Type _____ Secondary Phone _____ Type _____
	Primary Email _____ Referred by _____

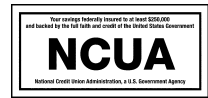
Joint Owner	Full Name _____ Birth Date _____
	SSN _____ DL State _____ and Number _____ Mother's Maiden Name _____
	Physical Address _____ City _____ State _____ Zip _____
	Primary Phone _____ Type _____ Secondary Phone _____ Type _____
	Primary Email _____ Referred by _____

Savings	<input type="checkbox"/> Primary	<input type="checkbox"/> Minor Savings	Services: (check all that apply) <input type="checkbox"/> Debit Card <input type="checkbox"/> Checks <input type="checkbox"/> Home Banking <input type="checkbox"/> Bill Pay <input type="checkbox"/> E-statements
Checking	<input type="checkbox"/> Primary		
Investments	<input type="checkbox"/> CD (Certified of Deposit)	<input type="checkbox"/> Money Market <input type="checkbox"/> IRA	

P.O.D. (PAYABLE ON DEATH) ACCOUNT AGREEMENT: I/We agree with the Credit Union that the person(s) named below is/are designated as P.O.D. payee(s). Upon my death (the death of the last survivor of us), all such funds shall be owned and payment shall be made at the request of any surviving P.O.D. payee(s). Additional P.O.D. payee(s) can be designated and attached to this document. The names listed below are to be used for all my Credit Union accounts except for IRAs and Trust Accounts. This form is incorporated as a part of your Account Agreement with RelyOn Credit Union and supersedes any P.O.D. previously designated.

Name _____	Name _____
SSN _____ D.O.B _____	SSN _____ D.O.B _____
Relationship _____	Relationship _____

Opt in	ATM and debit cards are a convenience that have become a part of our daily lives. Using them makes it easier than ever to make purchases and payments. In our fast paced lives, it is also easy to make a mistake and become overdrawn. Our practice is to honor approved ATM and debit card transactions even when there are not sufficient funds in your account. For occurrences under \$35 we charge just \$5 bucks and for occurrences over \$35 we charge a \$35 fee. Federal law requires that you must inform us of your intentions: whether you want to opt in or opt out of the service described above.
	<input type="checkbox"/> I WANT you to authorize and pay overdrafts on my ATM and everyday debit card transactions. <input type="checkbox"/> I DO NOT WANT you to authorize and pay overdrafts on my ATM and everyday debit card transactions.
	We pay overdrafts at our discretion, which means that we will do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize an overdraft, your transaction may be declined. You always have the ability to change your authorization by writing to us at RelyOn Credit Union, 8989 Harry Hines Blvd, Dallas TX 75235 If you have further questions, please contact us at 214-357-3328 This portion must be completed.



Authorization and Certification	Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident). Check the box below if you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding.
	<input type="checkbox"/> I am subject to backup withholding. The IRS does not require your consent to any provision of this document other than certifications to avoid backup withholding.
	By my/our signature below as account owner and joint account owner, we agree that all funds deposited into the account, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate. By signing below, I/we submit this application for membership in RelyOn Credit Union and agree to subscribe for at least one share. In considering this application, and by my/our signature, I/we authorize the Credit Union to check my/our credit and employment history, to request and use reports regarding same, and to answer questions about its experience with me. Each person signing below acknowledges that he/she has read and agrees to the terms set forth in the Credit Union Account Agreement, which is incorporated into and made part of this application.

Primary Owner's Signature X _____ Date _____

Joint Owner's Signature X _____ Date _____