



PO BOX 802631 Dallas, TX 75380
 972-715-4444 (v) 972-239-2519 (f)
 www.prestigecu.org

Credit Union Use Only		
Name:	_____	
Account Number	_____	Date _____

New Account Application

IMPORTANT

In keeping with the US Patriot Act, Prestige Community Credit Union requires a copy of your driver's license and social security card to process your membership. If you select a joint owner, their signature, along with copies of their driver's license and social security card are also required. All members are required to open at least a Cash Management account, which is considered your Share Account and must maintain at least a \$1.00 balance in the account.

Primary Owner

Name (Last, First, Middle) _____ **Date of Birth** _____

SSN _____ **DL Number** _____ **Mother's Maiden Name** _____

Address (Street, City, State, ZIP) _____

Home Phone _____ **Cell Phone** _____ **Email** _____

Employer (Company Name) _____ **Title** _____

Employer's Address (Street, City, State, ZIP) _____ **Work Phone** _____

How are you eligible for membership? **Employer** **Live or work within 10 miles** **Related to current member**

How did you hear about us? **Friend/Relative** **Work** **Walk-In** **Other** _____

Someone who will always know your location: **Monthly Gross Income** _____

Name _____ **Phone Number** _____

Address (Street, City, State, ZIP) _____

List any members to whom you are related (Full name & relationship) _____

Select the Accounts You Wish to Open

<input type="checkbox"/> Cash Management Savings	<input type="checkbox"/> Ultra Free Checking	<input type="checkbox"/> Money Market
<input type="checkbox"/> High Interest Savings	<input type="checkbox"/> Mega Interest Checking	<input type="checkbox"/> Freedom Money Market
<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Student Checking	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Little Piggy Savings	<input type="checkbox"/> Fresh Start Checking	<input type="checkbox"/> Other: _____

Certification as to Taxpayer Identification Number & Back Up Withholding

Under penalties of perjury, by signing below, I certify
 (1) that the number shown on this form is my correct taxpayer identification number;
 (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 a 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 as U.S. person (including a U.S. resident alien).

I am subject to back up withholding

Account Ownership and Survivorship

a. Please refer to your Account Agreement for a description of the different types of account ownership available to you.
 b. If your account(s) will be multiple party, please identify joint owner(s) and/or Payable on Death (POD) beneficiary(ies) and any applicable accounts(s). With regard to Certificates of Deposit and any joint owner or POD beneficiary designated for a Certificate of Deposit account designated below, you agree that any such designation shall be applicable to any additional Certificate of Deposit purchased by you in the name of you and such joint owner or POD beneficiary unless Subsequent Action Request and Authorization form is hereafter executed for any additional Certificate of Deposit.
 c. If a jointly owned account is to be designated without right of survivorship, member will draw a line through With Right of Survivorship and initial.

Joint Owners with Rights of Survivorship

A. Please refer to your Account Agreement for a description of the different types of account ownership available to you. B. If your account(s) will be multiple party, please identify joint owner(s) and/or Payable on Death (POD) beneficiary(ies) and any applicable accounts(s). With regard to Certificates of Deposit and any joint owner or POD beneficiary designated for a Certificate of Deposit account designated below, you agree that any such designation shall be applicable to any additional Certificate of Deposit purchased by you in the name of you and such joint owner or POD beneficiary unless Subsequent Action Request and Authorization form is hereafter executed for any additional Certificate of Deposit. C. If a jointly owned account is to be designated without right of survivorship, member will draw a line through With Right of Survivorship and initial.

Joint Owner # 1 Name (Last, First, Middle) _____ Date of Birth _____

SSN _____ DL Number _____ Email Address _____

Address (Street, City, State, ZIP) _____

Home Phone _____ Mother's Maiden Name _____

Relationship to Primary Owner _____

List Specific Account(s) for this joint owner: _____

Joint Owner #2 Name (Last, First, Middle) _____ Date of Birth _____

SSN _____ DL Number _____ Email Address _____

Address (Street, City, State, ZIP) _____

Home Phone _____ Mother's Maiden Name _____

Relationship to Primary Owner _____

List Specific Account(s) for this joint owner: _____

Payable on Death Beneficiary

Beneficiary Name (Last, First, Middle) _____ Date of Birth _____

SSN _____ DL Number _____

Address (Street, City, State, ZIP) _____

Relationship to Primary Owner _____

List Specific Account(s) for this beneficiary: _____

Signature and Authorizations

By Signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes in the future. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. If an ATM/DEBIT card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If a checking type of account is being opened, I do hereby authorize the Credit Union to establish a special share account for me/us to be known as a "Checking Account." The Credit Union is authorized to pay checks signed by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the Checking Account.

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Credit Union Use Only

Date Opened _____ Opened By _____ Teller # _____ Sub# _____

Chex System Score _____ Overdraft Set up _____

____ Name Change: Pass on for: IRA – Loan Files – Credit Card – Check Card – Bill Pay – Checks

____ Add Joint Owner ____ Delete Joint Owner ____ Add P.O.D. ____ Delete P.O.D.

Is application a ____ Addendum or ____ Replacement to current application on file?