

# North East Texas Credit Union Member Application | Account Modification

## FOR OFFICE USE ONLY

ACCOUNT #

DATE

BRANCH

VERIFIED BY

Type of Account:  Dollar Dog Savings  Youth Savings Only  Youth Saving/Checking  Savings Only  Savings/Checking

Additional Accounts:  Holiday Savings  Money Market  Certificate Account  IRA

Debit Card  Online/Mobile Banking  Bill Pay  Overdraft Protection

### PRIMARY Owner Information

New Member  Account Modification

First Name M.I. Last Name

Social Security Number/ITIN Birth Date Mother's Maiden Name

Home  Cell

Driver's License No. State Telephone Number Cell Provider

Physical Address City State Zip

Mailing Address (if different from physical) City State Zip

Email Address Employer Occupation Work Number

### JOINT Owner Information

Joint On:  Share/Savings  Checking

First Name M.I. Last Name

Social Security Number/ITIN Birth Date Mother's Maiden Name

Home  Cell

Driver's License No. State Telephone Number Cell Provider

Physical Address City State Zip

Mailing Address (if different from physical) City State Zip

Email Address Employer Occupation Work Number

## Beneficiary for Payable on Death (P.O.D.)

P.O.D. ACCOUNT: A single or joint multiple party account that is payable on request to the owners during their lifetime and, upon the death of all owners, is payable to the surviving named POD beneficiaries. If there is more than one (1) surviving POD beneficiary, the beneficiaries shall own the account jointly without rights of survivorship. Any POD designation shall not apply to Individual Retirement Accounts (IRAs). We are not obligated to notify any beneficiary of the existence of any account nor the vesting of the beneficiary's interest in any account, except as provided by law.

Add  Modify  Remove

Primary Share  Additional Share  Checking  All

POD Payee's Full Name

Social Security Number/ITIN

Birth Date

Telephone Number

Mailing Address

City

State

Zip

Add  Modify  Remove

Primary Share  Additional Share  Checking  All

POD Payee's Full Name

Social Security Number/ITIN

Birth Date

Telephone Number

Mailing Address

City

State

Zip

Convenience Signer(s)\*:  Yes (please fill out Joint Owner section)  No

*\*Must provide copy of valid ID and social security card.*

Representative Payee\*:  Yes (please fill out Joint Owner section)  No

*\*Must provide copy of valid ID and social security card. Must provide SSI documentation naming Representative Payee over Primary Owner.*

By checking the boxes above and signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. You agree: (1) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Application for the purpose of extending credit services to you or reviewing or collecting on a loan account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

SIGNATURE OF MEMBER

DATE

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DATE