

**SUBSEQUENT ACTION REQUEST
AND AUTHORIZATION**

****IMPORTANT- In keeping with the USA PATRIOT Act, parties to new accounts are required to provide copies of driver's licenses and social security cards.**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

DATE

1. ACCOUNT NO.		MEMBER INFORMATION			
NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.		DAYTIME TELEPHONE NO.	
ADDRESS (STREET, CITY, STATE, ZIP)		DRIVERS LICENSE NO.			
2. ACCOUNT TYPES AND ACTION AUTHORIZED					
A. ACCOUNT OPENING. IF YOU WANT TO OPEN AN ADDITIONAL ACCOUNT(S), DESIGNATE THE SPECIFIC TYPES OF ACCOUNT(S) TO BE OPENED.					
CHECKING ACCOUNT OVERDRAFT PROTECTION. IF YOU ARE OPENING A CHECKING ACCOUNT AND YOU DO NOT WANT OVERDRAFT PROTECTION, SIGN HERE.					
ACCOUNT OWNERSHIP. FOR THE ACCOUNT(S) SELECTED ABOVE, THERE ARE DIFFERENT TYPES OF ACCOUNT OWNERSHIP AVAILABLE TO YOU. PLEASE COMPLETE THE ACCOUNT OWNERSHIP AND SURVIVORSHIP SECTION BELOW FOR EACH ACCOUNT.					
B. ACCOUNT MODIFICATION. IF YOU WANT TO MODIFY YOUR EXISTING ACCOUNT(S), SELECT THE TYPE OF MODIFICATION(S) YOU ARE REQUESTING AND DESIGNATE THE SPECIFIC ACCOUNTS TO BE MODIFIED.					
<input type="checkbox"/> ADD JOINT OWNERS(S) TO ACCOUNT(S). COMPLETE JOINT OWNER WITH RIGHT OF SURVIVORSHIP SECTION(S) BELOW. MEMBER AND ALL JOINT OWNER(S) SIGN IN SIGNATURE AND AUTHORIZATION SECTION. <input type="checkbox"/> INVOLUNTARY REMOVAL OF JOINT OWNER(S) FROM ACCOUNT(S) BY MEMBER. PROVIDE NAME(S), MEMBER AND ANY REMAINING JOINT OWNERS(S) SIGN IN SIGNATURE AND AUTHORIZATION SECTION. NOTE: INVOLUNTARY REMOVAL OF CHECKING ACCOUNT JOINT OWNER(S) IS NOT APPLICABLE.					
NAME	ACCOUNT(S)	NAME	ACCOUNT(S)		
<input type="checkbox"/> VOLUNTARY REMOVAL FROM ACCOUNTS BY JOINT OWNER(S). I, _____, HEREBY AUTHORIZE CREDIT UNION OF TEXAS TO REMOVE ME AS JOINT OWNER FROM THE DESIGNATED ACCOUNT(S). I UNDERSTAND AND AGREE THAT BY SIGNING BELOW, I AM FORFEITING ALL RIGHTS OF OWNERSHIP ON ALL SUMS NOW PAID IN OR HERETOFORE OR HEREAFTER PAID IN ON THE DESIGNATED ACCOUNT(S).					
DESIGNATED ACCOUNT(S)		SIGNATURE			
<input type="checkbox"/> ADD POD BENEFICIARY TO ACCOUNT(S) COMPLETE POD BENEFICIARY INFORMATION BELOW. <input type="checkbox"/> REMOVE POD BENEFICIARY FROM ACCOUNT(S). NAME <input type="checkbox"/> CHANGE MY NAME. REASON FOR CHANGE IS: MEMBER PROVIDES IDENTIFICATION IN NEW NAME. <input type="checkbox"/> OTHER MODIFICATION REQUESTED.					
3. ACCOUNT OWNERSHIP AND SURVIVORSHIP					
Instructions.					
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 POD (Payable on Death) beneficiary(ies), and any applicable account(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 a 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 ACCOUNT WITH RIGHT OF SURVIVORSHIP. IF JOINT ACCOUNT(S) SELECTED, COMPLETE THE FOLLOWING INFORMATION.			JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP. IF ADDITIONAL JOINT OWNER IS REQUESTED, COMPLETE THE FOLLOWING INFORMATION.		
LIST SPECIFIC ACCOUNTS FOR THIS JOINT OWNER.			LIST SPECIFIC ACCOUNTS FOR THIS JOINT OWNER.		
JOINT OWNER NAME	DATE OF BIRTH	JOINT OWNER NAME	DATE OF BIRTH		
ADDRESS			ADDRESS		
DRIVER'S LICENSE NO.	SSN	DRIVER'S LICENSE NO.	SSN		
CUoTX A/C NO.	RELATIONSHIP TO MEMBER	CUoTX A/C NO.	RELATIONSHIP TO MEMBER		
HOME TEL. NO.	WORK TEL. NO.	MOTHER'S MAIDEN NAME	HOME TEL. NO.	WORK TEL. NO.	MOTHER'S MAIDEN NAME
PAYABLE ON DEATH (POD) BENEFICIARY. IF YOU WANT A POD BENEFICIARY ON YOUR ACCOUNT(S), COMPLETE THE FOLLOWING INFORMATION.			IF AN ADDITIONAL POD BENEFICIARY IS REQUESTED, COMPLETE THE FOLLOWING INFORMATION		
DESIGNATE POD ACCOUNT(S) FOR THIS POD BENEFICIARY.			DESIGNATE POD ACCOUNT(S) FOR THIS POD BENEFICIARY.		
POD BENEFICIARY NAME	DATE OF BIRTH	POD BENEFICIARY NAME	DATE OF BIRTH		
ADDRESS			ADDRESS		
RELATIONSHIP TO MEMBER	SSN	RELATIONSHIP TO MEMBER	SSN		
4. SIGNATURE AND AUTHORIZATIONS					
By signing below, I/we understand and agree that Subsequent Action Request and Authorization amends and supplements my/our Membership Application and Account Authorization and any other prior Request and Authorizations. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth-in-Savings Disclosure of Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, and Electronic Funds Transfers Disclosure which are incorporated into and made a part of this Request and Authorization and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. If I/we have designated any account opened to be a joint account with right of survivorship, then on the death of one party to such account, all sums in the account on the date of death shall vest in and belong to the surviving party or parties as his or her separate property and estate.					
MEMBER SIGNATURE	DATE	FOR CREDIT UNION USE ONLY			
JOINT OWNER SIGNATURE	DATE	MEMBER ID	VERIFIED BY		
JOINT OWNER SIGNATURE	DATE	JOINT OWNER(S) ID	VERIFIED BY		
		TELECHECK CODE MEMBER	JOINT OWNER(S)		
		F/M BY	DATE		
		AUDITED BY	DATE		