



Southwest Airlines Federal Credit Union

www.swacu.org

DALLAS
2430 Shorecrest
Dallas, TX 75235
800.262.5325

HOUSTON
8441 Gulf Frwy., Suite 103
Houston, TX 77017
800.262.5325

PHOENIX
2330 E. Jones Ave, Suite 6
Phoenix, AZ 85040
800.262.5325

EULESS
801 W. Eulless Blvd, Suite 104
Eulless, TX 76040
800.262.5325

MEMBERSHIP APPLICATION AND AGREEMENT

Member Number

Account Type(s):	<input type="checkbox"/> Membership Savings	<input type="checkbox"/> Youth Membership Savings	<input type="checkbox"/> Go.Money Teen	<input type="checkbox"/> Non-Dividend Paying Savings
	<input type="checkbox"/> LUV Free Checking	<input type="checkbox"/> LUV Rewards Checking	<input type="checkbox"/> LUV Tunes Checking	<input type="checkbox"/> LUV Fund
	<input type="checkbox"/> Coverdell Educational Savings	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> IRA Term Share Certificate
Account Ownership:	<input type="checkbox"/> Single-Party Account Without "P.O.D." (Payable On Death) Designation		<input type="checkbox"/> Single-Party Account With "P.O.D." (Payable On Death) Designation	
	<input type="checkbox"/> Multiple-Party Account With Right Of Survivorship		<input type="checkbox"/> Multiple-Party Account With Right Of Survivorship And "P.O.D." (Payable On Death) Designation	

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Owner Information Are You a Non-Resident Alien? U.S. Citizen Resident Alien

Full Name			Social Security Number		Birthdate	
Physical Address		City	State	Zip		
Mailing Address		City	State	Zip		
Primary Telephone	Secondary Telephone		Driver's License Number		State	Exp. Date
Employer Name and Address			Occupation		Annual Income	
Primary E-Mail Address		Secondary E-Mail Address			Mother's Maiden Name	

Joint Owner #1 Information (Relationship to Member: _____)

Full Name			Social Security Number		Birthdate	
Physical Address		City	State	Zip		
Mailing Address		City	State	Zip		
Primary Telephone	Secondary Telephone		Driver's License Number		State	Exp. Date
Employer Name and Address			Occupation		Annual Income	
Primary E-Mail Address		Secondary E-Mail Address			Mother's Maiden Name	

Joint Owner #2 Information (Relationship to Member: _____)

Full Name			Social Security Number		Birthdate	
Physical Address		City	State	Zip		
Mailing Address		City	State	Zip		
Primary Telephone	Secondary Telephone		Driver's License Number		State	Exp. Date
Employer Name and Address			Occupation		Annual Income	
Primary E-Mail Address		Secondary E-Mail Address			Mother's Maiden Name	

Payable-On-Death (P.O.D.) Beneficiary

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Mr., Mrs., Miss (optional)	Name	Social Security Number		Birthdate
Street Address		City	State	Zip
Mr., Mrs., Miss (optional)	Name	Social Security Number		Birthdate
Street Address		City	State	Zip
Mr., Mrs., Miss (optional)	Name	Social Security Number		Birthdate
Street Address		City	State	Zip

VISA Debit Card

You are requesting the convenience of 24-hour access to Your Credit Union Account with a VISA Debit Card, in conjunction with a Personal Identification Number (PIN). Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATMs. The VISA Debit Card also allows You to pay for services and purchases directly from Your checking Account.

VISA Debit Card

Name on Card 1: _____

Card Format (Horizontal) Card Format (Vertical)

Name on Card 2: _____

Card Format (Horizontal) Card Format (Vertical)

Name on Card 3: _____

Card Format (Horizontal) Card Format (Vertical)

Security Code

If You desire a security code, please specify Your code: (numbers or letters) _____

Account Use Questionnaire

Will You be utilizing Direct Deposit/Payroll Deduction? Yes No

Approximate Household Income:

\$0 - \$30,000 \$75,001 - \$100,000
 \$30,001 - \$50,000 \$100,000 >
 \$50,001 - \$75,000

Is this for a business (DBA) account?

Yes No

DBA Name _____

Will You be receiving wire transfers?

Yes No

How many per month? _____ Amount? _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Overdraft Protection (*any required disclosures are provided separately*)

I do not want overdraft protection at this time.

Signatures

You hereby apply for membership with Southwest Airlines Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You understand that such Membership Application And Agreement is not applicable to Individual Retirement Accounts. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Southwest Airlines Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Southwest Airlines Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant (Primary Member) Signature _____ Date _____

Joint Owner #2 Signature _____ Date _____

Joint Owner #1 Signature _____ Date _____

Credit Union Use Only

Membership Eligibility _____

Date of Membership _____

How Eligibility Verified _____

OFAC _____

Opened By _____

Date Approved _____