

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR  
A FOREIGN CREDIT UNION  
TO OPERATE A CREDIT UNION BRANCH OFFICE IN TEXAS**

**PART I. APPLICANT CREDIT UNION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

Chairman or President of Board of Directors: \_\_\_\_\_

Chief Executive Officer or President: \_\_\_\_\_

Home Telephone No. of Chair or CEO: ( ) \_\_\_\_\_ Chair: \_\_\_\_\_ CEO: \_\_\_\_\_  
(Please Indicate Which)

Texas Registered Agent (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

**PART II. BRANCH OFFICE DATA**

Name To Be Displayed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the branch office located in the sponsor's facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Name of the sponsor's local installation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PART III. CREDIT UNION DATA**

Total Assets: \$ \_\_\_\_\_ As Of (Date): \_\_\_\_\_

Date of Issuance of Charter: \_\_\_\_\_

Total No. Of Members: \_\_\_\_\_ Potential No. Of Members: \_\_\_\_\_

No. Of Persons In Field Of Membership Residing In Texas: \_\_\_\_\_ (Estimate)

No. Of Persons Expected To Be Served From This Branch: \_\_\_\_\_ (Estimate)

**Financial/Operational Data:**

1. Date Of Last Examination By Your State Regulator: \_\_\_\_\_
2. Have all discrepancies or concerns cited in the Examination Report been corrected? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If not, please provide an explanation of the reason(s) why as an attachment.)
3. Is your credit union currently operating under any regulatory sanction? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Date of the credit union's last comprehensive audit by independent auditors: \_\_\_\_\_
5. Date of the credit union's last account verification by independent auditors: \_\_\_\_\_
6. Are you familiar with the provisions of the Texas Credit Union Act and Commission Rules as they would apply to your credit union? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you aware that the loan interest rate ceiling in Texas is 18% APR, or the maximum allowed by the Texas Finance Code, Title 4, Subtitle A? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART IV. HOME STATE DATA**

Name of Regulatory Agency: \_\_\_\_\_

Credit Union Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

**PART V. SPONSORING ORGANIZATION DATA**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Nature Of Business Or Organization: \_\_\_\_\_

**PART VI. INSURER OF SHARE AND DEPOSIT ACCOUNTS**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of Coverage Per Account: \$ \_\_\_\_\_

**If the credit union has excess insurance coverage, please provide the following for the insurer.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of Coverage Per Account: \$ \_\_\_\_\_

**PART VII. ADDITIONAL INFORMATION TO BE SUBMITTED**

Please submit the following information with this application:

1. A letter from the applicant's Home State Credit Union Regulator verifying reciprocity and indicating no objection to the establishment of a branch office in Texas.
2. A copy of the credit union laws and rules from the applicant's Home State. (If available through the Internet, please provide the applicable www. address.)
3. A copy of the most recent report of examination completed by your Home State regulator.
4. A copy of the most recent audited balance sheet, operating statement, and delinquent loan summary.
5. A copy of the applicant credit union's Articles of Incorporation and Bylaws and all amendments thereto.
6. A copy of the field of membership to be served from the Texas branch office.
7. Evidence of fidelity bond coverage equal to the requirement of the State in which the credit union was incorporated. (Reference: 7 T.A.C. §91.210)
8. Evidence of share/deposit insurance coverage from insurer.
9. Evidence of compliance with Texas Finance Code §201.102 concerning registration of statutory agent with the Secretary of State's Office.
10. A check for the \$500 permit fee paid to the order of the Credit Union Department.

**PART VIII. STATEMENT**

We, the undersigned, being duly authorized by the Board of Directors of Applicant Credit Union, do hereby request a certificate to operate a branch office of the credit union in \_\_\_\_\_, Texas. We certify that the statements made and information furnished pursuant to this request are true, complete, and correct to the best of our knowledge and belief. We hereby pledge our cooperation with the Texas Credit Union Department, and that we will faithfully observe the laws of the State of Texas, including the maximum loan interest rates authorized, and the rules adopted by the Credit Union Commission, including all provisions set forth in 7 T.A.C. §91.210. We also agree to pay any operating and filing fees that may be assessed in accordance with applicable laws and rules, and shall furnish on an annual basis a copy of the Credit Union's audited financial statements, if any, or other statements of financial condition as the Commissioner may require.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Chief Executive Officer

**FOR TEXAS CREDIT UNION DEPARTMENT USE ONLY**

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Credit Union Commissioner