ALABAMA TELCO CREDIT UNION
1849 Data Drive
Birmingham, AL 35244
Toll Free: 1-800-248-3526
(205) 985-2828
www.alatelco.org

LOANLINER®

ACCOUNT CARD

Important Information About Opening a New Account. To help our 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 when opening a new account. What does this mean for you? **When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.**

MEMBER/OWNER INFORMATION

Member No. 2458830

Designate the ownership of the accounts and responsibility for the services requested.
☒ **Individual** ☐ **Joint Account with Survivorship**

Member/Owner Name: John L Smith	SSN/TIN: 222-55-7780
Physical Address - Street: 123 Main Street	ID Type (Driver's Lic.): - State Drivers License
City/State/Zip: Dothan AL36305	ID Number (License No.): 2585255
Mailing Address - Street:	ID Issuing State: AL ID Issuing Date: 03/15/2010
City/State/Zip:	ID Exp. Date: 03/15/2014 Date of Birth: 03/15/1980
Home Phone: 334-850-8500 ☐ Listed ☐ Unlisted	Password: BEACH
Work Phone: 334-630-6300 Cell Phone: 334-780-8520	Membership Eligibility: FOOD GIANT
E-Mail Address: jlsmith1980@yahoo.com	Country of Citizenship: UNITED STATES
Employer: PIGGLY WIGGLY	Mother's Maiden Name: JONES

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below unless the credit union is notified in writing of a change.

Account Type/Suffix #*

- ☒ Savings # 01
- ☒ Choice Checking # 05
- ☐ Choice Checking with Interest #
- ☐ e-Checking #
- ☐ Certificate of Deposit #
- ☐ Money Market #
- ☐ Christmas Club #
- ☐ IRA #
- ☐ U-Name-It Savings #
- ☐ Kids Savings School #
- ☐ Edge Savings #
- ☐ Health Savings Account Single #
- ☐ Health Savings Account Family #
- ☐ Centsible Savings #
- ☐ Other #
- ☐ Other #
- ☐ Other #

Account Services

- ☐ Payroll Deduction/Direct Deposit
- ☒ Telephone Banking
- ☐ ATM Card
- ☐ Telco Online
- ☒ Debit Card
- ☒ E-Statements
- ☐ HSA Debit Card
- ☐ Overdraft Protection (indicate transfer priority) _____
- ☐ Other _____

* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts

Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: ☐ Listed ☐ Unlisted	ID Issuing State: ID Issuing Date: --/--/----
Work Phone: Cell Phone:	ID Exp. Date: --/--/---- Date of Birth: --/--/----
E-mail Address:	Password:
Employer:	Country of Citizenship:
Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: ☐ Listed ☐ Unlisted	ID Issuing State: ID Issuing Date: --/--/----
Work Phone: Cell Phone:	ID Exp. Date: --/--/---- Date of Birth: --/--/----
E-mail Address:	Password:
Employer:	Country of Citizenship:

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary on your share or deposit accounts

☒ **Payable on Death (POD)/Trust Account**

Beneficiary/POD Payee: Jane Smith	Beneficiary/POD Payee:
Street: 250 Rose Way	Street:
City/State/Zip: Dothan AL 36303	City/State/Zip:

☐ **UTMA/UGMA** (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN:

☐ **Agency** Name of Agent: _____ (please print)
Signature: _____ Date: --/--/----

☐ All Accounts ☐ Designate Specific Accounts _____

☐ **Other:** ☐ See Account Authorization Card

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TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).

Certification Instructions. Cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item **3** and complete a W-8 BEN if you are not a U.S. person.

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure and Privacy Disclosure and to any amendments to these documents that the Credit Union may make from time to time.

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

X 09/29/2011 SIGNATURE DATE	X 09/29/2011 SIGNATURE DATE
X 09/29/2011 SIGNATURE DATE	X 09/29/2011 SIGNATURE DATE

FOR CREDIT UNION USE ONLY ☐ **See Account Change Card**

Date of Membership: --/--/---- Opened/Approved By: _____ Member Verification: _____

Verification Completion Date: --/--/---- Secondary ID: _____

Government List(s) Checked: ☐ Treasury CIP List ☐ OFAC ☐ Advisor ☐ Credit Report

Branch #: 1 SEG ID #: _____

☐ Overdraft Protection ☐ Telephone Banking

☐ Debit Card ☐ Telco Online