



## Master Account Agreement Signature Card

By signing the Master Account Agreement Signature Card, each of the undersigned acknowledges receipt of and agrees to abide by the terms and conditions set forth in the accompanying Master Account Agreement (Rev 2/09) and Fee Schedule as amended from time to time. The Master Account Agreement and Fee Schedule, as amended constitutes the entire Agreement between the two parties. There are merged herein all prior and collateral representations promises and conditions in connection with the subject matter hereof. Any representation, promise, or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations. If any provision of this Agreement is deemed invalid the rest of this Agreement will remain in full force and effect.

Account Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Name of Primary Account Owner: \_\_\_\_\_

Type of I.D.: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Name of Joint Account Owner: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of I.D.: \_\_\_\_\_ ID Number: \_\_\_\_\_

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

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

HomePhone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ CellPhone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Instruction to Primary Account Owner. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.) I am a U.S. person (including a U.S. resident alien.)

### CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Account Owner

By signing below, you specifically authorize **ALABAMA ONE CREDIT UNION** to check your credit and employment history and make whatever inquiries necessary in the course of establishing the account or reviewing its use.

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

\_\_\_\_\_  
Taxpayer Identification Number (Social Security Number)

\_\_\_\_\_  
Primary Account Owner

#### Payable on Death

\_\_\_\_\_  
POD Beneficiary

\_\_\_\_\_  
POD SSN

\_\_\_\_\_  
POD Beneficiary

\_\_\_\_\_  
POD SSN

\_\_\_\_\_  
POD Beneficiary

\_\_\_\_\_  
POD SSN

\_\_\_\_\_  
POD Beneficiary

\_\_\_\_\_  
POD SSN

#### Joint Tenants with Rights of Survivorship

\_\_\_\_\_  
Joint Account Owner Signature

\_\_\_\_\_  
Joint Owner SSN

\_\_\_\_\_  
Joint Account Owner Signature

\_\_\_\_\_  
Joint Owner SSN

\_\_\_\_\_  
Joint Account Owner Signature

\_\_\_\_\_  
Joint Owner SSN

\_\_\_\_\_  
Joint Account Owner Signature

\_\_\_\_\_  
Joint Owner SSN