



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