UNIVERSITY OF SOUTH ALABAMA FEDERAL CREDIT UNION MASTER ACCOUNT AGREEMENT SIGNATURE CARD

IMPORTANT INFORMATION ABOUT PROCEDURES 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 open an account.

What that means to you: When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and other identifying documents

Name of Primary Account Owner			
Account #:Date of Birt	h:TIN/SSN		
Physical Address of Primary Acco	ount Owner:		
City	State:	Zip:	
Mailing Address of Primary Acco			
		_Zip:	
Home Phone: ()	Work Phone (_)	
Cell Phone: ()	Email address:		
Occupation:	Employer:		
Nature of Business:	Eligibility:		
Driver's License Number	State	Exp. Date	
Alien Identification Number		_Exp Date	
Passport Number	Country	Exp Date	
Other Government Issued Docume	ent #Cour	ntry Exp Date	
Name of Joint Owner:			
Date of Birth	TIN/SSN		
Occupation:	Employer:		
Driver's License Number	State	Exp. Date	

Name of Joint Owner:				
Date of Birth	TIN/SSN			
Occupation:	Employer	Employer:		
Driver's License Number _		State	Exp. Date	
	DEBIT CARD H (ONLINE) BANK I (TELEPHONE) BA			
acknowledges receipt of an Master Account Agreemen Agreement and the Fee Schare merged herein all prior subject matter hereof. Any delay in enforcement of ou any of your obligations. If a remain in full force and eff By signing this card, you specified to the course of establishing the cour	Id agrees to abide by the tand the Fee Schedule, as amended, cor and collateral represent representation, promise rights under this agree any provision of this agreet. Pecifically authorize UN to on your credit and emg the Account or review	e terms and of as amended astitutes the of tations, prome, or condition ement will re- greement is d NIVERSITY ployment his ving its use.	Signature Card, each of the condition set forth in the acc from time to time. The Marentire Agreement between thises, and conditions in control on not incorporated therein is sult in any loss of our rights eemed invalid the rest of this of SOUTH ALABAMA story and make whatever incorporate identity in	sompanying ster Account the parties. There nection with the is enforceable. No sor relieve you of is Agreement will a FEDERAL quiries necessary
Date	Primary Accoun	t Owner		
_	Joint Account O	wner		
that you are subject to back	cup withholding due to pup withholding has term	payee under	ified by the Internal Revenu reporting and you have not must strike out the language	received a notice
CERTIFICATION AS	S TO TAXPAYER IDI	ENTIFICAT	TION AND BACKUP WIT	THHOLDING
identification number and (the Internal Revenue Service	(2) I am not subject to be (IRS) that I am subject to IRS has notified me	ackup withh ect to backup that I am no	n on this form is my correct olding because I have not be withholding as a result of fi longer subject to backup wi	een notified by ailure to report all
Date	Primary Account	t Owner		
	rimary Accoun	ı Owner		
	Joint Owner			