



# membership is rewarding

Return your completed Membership Enrollment Agreement to Alliant. Be sure to include:

- **A photocopy of valid Passport or U.S. government issued photo ID for all applicants age 18 and older on the account.**

In accordance with the USA PATRIOT Act (SECTION 326): 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 opens an account.

For your initial deposit:

- Include a check or money order payable to Alliant Credit Union. Or,
- If you selected Electronic Funds Transfer (EFT-ACH) (section 8), ensure all information is correct and include a voided check or bank statement. Or,
- If you are transferring funds from an existing Alliant account, one of the applicants must be an owner on the account from which the funds are being transferred.\*

**To designate a beneficiary to your account, a Beneficiary Add/Delete Form can be obtained at [www.alliantcreditunion.org](http://www.alliantcreditunion.org).**

for office use only

Member Account Number

## 1. Membership Eligibility

Please check one

- I am an employee or member of

Name of Employer/Organization \_\_\_\_\_ Employee ID Number (if applicable) \_\_\_\_\_

- I am a relative or domestic partner of a current Alliant member

Relative Name \_\_\_\_\_ Relative Account Number \_\_\_\_\_

Relative Employer \_\_\_\_\_

- I live or work in a qualifying community

City \_\_\_\_\_ State \_\_\_\_\_

- I belong to:  Local PTA/PTSA  National PTA  Relative of PTA member  
If you select one of the above PTA options as a basis of your eligibility, you must be a member of PTA or join PTA to be eligible for Alliant membership. If you are not a member of PTA, please join at [www.pta.org](http://www.pta.org).

## 2. Account Ownership

- Single or  Joint The ownership selected here will apply to the savings account and any sub-accounts selected here.

## 3. Account Selection

A minimum U.S. \$5 deposit is required to open an Alliant savings account.

- Savings** – Membership requires a savings account  
 **Checking** – Includes a free VISA® ATM/Check Card (issued to all owners) and the first box of checks is free

## 4. Account Options

YES NO

- eStatements** – In lieu of paper statements, receive online

- Free Checks** – With an Alliant checking account

Check Style:  Duplicate or  Single

Check Design:  Alliant or  United Airplane

Check Starting Number (use 101 or higher): \_\_\_\_\_

Additional information printed on checks:

YES NO

- Name of Joint Applicant  
  Address of Applicant  
  Home Phone Number of Applicant  
  Driver's License Number of Applicant

- VISA® ATM/Check Card** – ATM access to make deposits/withdrawals from savings and checking and to make purchases instead of writing checks

- Checking Account Overdraft Protection** – Transfer money from my savings account only (subject to overdraft transfer fee)

- Convenience Card** – ATM card for your Alliant savings account (The Convenience Card is available to applicants age 12 and older.)

*Note: Printed checks and card(s) will be mailed to the address on record for the Applicant.*

## 5. Applicant Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (include unit # - P.O. Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (include country code) \_\_\_\_\_ Cell Phone (optional) (include country code) \_\_\_\_\_

Work Phone (optional) (include country code) \_\_\_\_\_

E-mail (required for eStatements) \_\_\_\_\_

ID# (e.g., Passport, U.S. Driver's License, State ID or Military ID) \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

## 6. Joint Applicant Information (Optional)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (include unit # - P.O. Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (include country code) \_\_\_\_\_ Cell Phone (optional) (include country code) \_\_\_\_\_

Work Phone (optional) (include country code) \_\_\_\_\_

E-mail \_\_\_\_\_

ID# (e.g., Passport, U.S. Driver's License, State ID or Military ID) \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

(Agreement continued on next page)

## 7. Direct Deposit Authorization (Optional)

You can arrange Direct Deposit to your Alliant account(s) by providing the payor institution with the Alliant **Routing & Transit/ABA# (271081528)** and your Alliant 14-digit checking account number or 10-digit savings account number and account type. If you are an employee of United Airlines, please contact Alliant to arrange Direct Deposit.

## 8. Initial Deposit/Funding (Optional)

A minimum U.S. \$5 deposit is required to open an Alliant savings account.

- Check or Money Order** drawn on a U.S. bank and payable to Alliant Credit Union enclosed for deposit to:  
Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_
- Electronic Funds Transfer\*** (EFT-ACH from any U.S. bank that accepts ACH) Authorization for deposit (up to \$1,000) to:  
Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing & Transit/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Withdraw from my:  Savings  Checking

**Please attach a voided check or your most recent bank statement as evidence of account ownership.** (If neither of these documents is attached, your request cannot be processed.) Alliant will debit the account specified within 5 business days from the date that the account is opened.

- Transfer funds from an existing Alliant account for deposit to:\***  
Savings \$ \_\_\_\_\_ and/or Checking \$ \_\_\_\_\_

Member Account # \_\_\_\_\_

Transfer from:  Savings  Supplemental Savings  Checking

## 9. Signatures and Agreements (Required)

By signing this agreement, I/we certify that I/we am/are eligible for membership in Alliant Credit Union as noted herein, all information is complete and correct, I/we agree to all account terms as published following the signature lines below, and I/we agree to follow Alliant's bylaws and amendments and subscribe for and maintain at least one share (\$5.00).

\*\* If you are not a U.S. Citizen, check the following box  to designate your denial of Form W-9 Certification and to request IRS Form W8-BEN which must be completed and returned to Alliant Credit Union.

**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** \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature (required)

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Joint Applicant Signature (required if applicable)

**Include a photocopy of valid U.S. government issued photo ID for all applicants age 18 and older on the account.**

**MINOR ACCOUNTS:** If the applicant is a child under 12 years of age, the parent, grandparent or guardian must sign the child's name and his or her own name and date (i.e. "John Smith, a minor, by parent, Mary Smith"). If the applicant is under 18, the parent, grandparent or guardian must be a joint applicant on the account.

I/We agree that the terms of this Membership Enrollment Agreement and the Account Agreement and Disclosures booklet and Fee Schedule provided to me/us upon account opening constitute a contract between Alliant and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state in which Alliant's main office is located.

I/We agree to the terms regarding direct deposit if applicable, and to accept information regarding my account(s), including account statements, via e-mail at the address provided herein. I/We further acknowledge that by signing this agreement, applicant will automatically be enrolled and have access to his/her authorized Alliant accounts through all electronic means offered by Alliant. I/We further acknowledge that a VISA® ATM/Check Card or Convenience Card will be issued to the checking or savings account if I/we selected it and qualify. I/We authorize joint applicant access to member savings through VISA® ATM/Check Card or Convenience Card transactions and/or Overdraft Protection, if applicable. If I/we do not select or qualify for a checking account, my/our initial deposit will be deposited into my/our savings account.

**Revocable Proxy:** I/We do hereby appoint the Board of Directors of Alliant who are the qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, proposals for mergers or voluntary dissolutions, the share(s) of Alliant now or hereafter owned or held by me/us, as the said directors or a majority of them see fit, at all annual or special meetings of the members of Alliant hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me/us.

I/We understand that the proxy appointment is voluntary and not a condition of membership. By checking this box , I/we deny the proxy provision and opt to vote my/our shares by attending the Annual Meeting of Shareholders held in Chicago, Illinois, during the first quarter of each year.

**Consumer Report Agreement:** I/We authorize Alliant to obtain information from a consumer reporting agency, now and in the future, in order to determine my/our eligibility for products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

**Credit Report Agreement:** I/We authorize Alliant to obtain copies of my/our credit reports, now and in the future, in order to determine my/our eligibility for products and services offered by or through Alliant, regardless of whether I/we have applied for the product or service.

**Substitute W-9 Form:** Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either 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. person (including a U.S. resident alien). (Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding).

**Checking Overdraft Protection:** If you select overdraft protection, funds (if available) will be drafted from your savings account in the event of an accidental overdraft. There will be a nominal overdraft transfer fee charged (max per day). Please note that certain transactions from your savings account may be limited by federal regulations. As a result, if you reach these limitations in a given month, overdraft transfers may not be authorized.

**New accounts where initial deposit by electronic funds transfer is selected:** As an authorized signer on the financial institution account identified herein, I authorize Alliant Credit Union (Alliant) to perform a single EFT-ACH withdrawal from my account for deposit into my Alliant account using the Automated Clearing House (ACH) network. I understand that the funds will be deposited into the account(s) I have specified. I understand and agree that if the EFT withdrawal from my account is returned as Non-Sufficient Funds or for any other reason, Alliant may charge my account a \$27 fee.

**Account Designation:** If you do not select a joint owner on your checking account, in the event of your death, funds will be transferred to your primary savings account and paid to the joint owner (if applicable) or to the beneficiary(ies) named on the primary savings account.

**\*New accounts where initial deposit by account transfer from an existing Alliant account is selected:** One of the applicants must be an owner on the existing account from which the funds are being transferred.

**COMPLETE AGREEMENT AND RETURN:**  
Stop by your local Service Center, or mail to:  
Alliant Credit Union  
Attn: Account Services  
P.O. Box 66945  
Chicago, IL 60666-0945

**FOR MORE INFORMATION:**  
Call 773-462-2000  
or toll-free 800-328-1935  
TDD/TTY 773-462-2300



11545 W. Touhy Avenue, Chicago, IL 60666  
www.alliantcreditunion.org

