

Tuscaloosa Teachers Credit Union
Master Account Agreement Signature Document

Member Number: _____ DOB: _____ Joined: _____

Member Name: _____

Member Short Name: _____ SSN: _____ Sex: _____

Joint Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ DL: _____

Employer: _____

Life Savings Insurance Beneficiary: _____

Joint Name: _____ SSN: _____ DOB: _____

Joint Name: _____ SSN: _____ DOB: _____

Joint Name: _____ SSN: _____ DOB: _____

Joint Name: _____ SSN: _____ DOB: _____

(Instruction to Member: 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.)

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 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 of dividend, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Member Signature

Date

AGREEMENT

By signing this Master Account Agreement Signature Document, 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. 4-96) and the Fee Schedule as amended from time to time. The Master Account Agreement and the Fee Schedule, as amended, constitute the entire Agreement between 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.

By signing below, you specifically authorize **Tuscaloosa Teachers 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. **Note: If your account is closed within the next 60 days, there will be a \$25.00 service charge.**

Date: _____

Member: _____ SSN: _____ DOB: _____

Joint Account Owner: _____ SSN: _____ DOB: _____

Joint Account Owner: _____ SSN: _____ DOB: _____