



Checking Account Agreement

For your convenience, you may open your account through Alliant Online Banking or by calling 800-328-1935.

You must be a member to use this form. If you are not a member, please complete a Membership Enrollment Agreement to open your Alliant savings and checking account.

1. Account Selection Select one account per application.

- Checking¹** - Available to members age 18 and older.
- Teen Checking^{1,2}** - Available to members age 13 to 17.

Earn interest³ on checking when you:

- Opt out of paper statements⁴ and receive free eStatements through Alliant Online Banking. **AND**
- Have a recurring monthly electronic deposit to your Alliant checking account (e.g., a direct deposit, payroll deposit, ATM deposit, mobile check deposit or transfer from another financial institution).

2. Account and Statement Options

Select the options below that you would like to add to your account:

- Visa[®] Debit Card** - For purchases and ATM access to your accounts.
- Checking Account Overdraft Protection** - Transfer money from my savings account only.

Free eStatements - You will automatically receive paper statements for a nominal fee as per the Fee Schedule. Go to Alliant Online Banking to switch to free eStatements and avoid the paper statement fee.⁴

Check Orders - Checks can be ordered through Alliant Online Banking once your account is opened.

3. Primary Owner Information All fields are required.

For Teen Checking accounts, the minor should be listed as the Primary Owner in this section. The parent/guardian must be an existing Alliant member and should be listed as a Joint Owner (section 4).

First Name Middle Name Last Name

Member Account Number

Employment Status: Employed Student Unemployed
 Self-employed Retired

Employer Name/School Name and City, State and Country
(Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone Work Phone Mobile Phone

Check this box to opt out of receiving text message alerts about suspected credit and debit card fraud. You must provide Alliant with a mobile phone number and leave the checkbox unchecked to receive alerts. Data rates may apply.

Personal Email Address Work Email Address

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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. Therefore, when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license and/or other identifying documents.

4. Joint Owner Information

For Teen Checking accounts, a parent or guardian must be an existing Alliant member and should be listed as a Joint Owner in this section. **Optional if primary owner is age 18 or older.**

Member Account Number (if an existing Alliant member)

¹U.S. Citizen or U.S. Person (including a U.S. Resident Alien) Yes No

First Name Middle Name Last Name

Social Security Number/ITIN Date of Birth (mm/dd/yyyy)

Street Address (include unit # - PO Box not accepted)

City State/Province Zip/Postal Code Country

Employment Status: Employed Student Unemployed
 Self-employed Retired

Employer Name/School Name and City, State and Country
(Or former employer name if retired or unemployed)

Occupation (Or former occupation if retired or unemployed)

Home Phone Work Phone Mobile Phone

Personal Email Address Work Email Address

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

Issue Date Expiration Date

Mother's Maiden Name (used for security authentication)

Log in to Alliant Online Banking to add/delete a beneficiary once your account is opened.

5. Signatures and Agreements

If you have a freeze on your credit file, please check this box.

If checked, an Alliant Account Services Representative will contact you upon receipt of your Membership Enrollment Agreement so you can remove your credit freeze and complete the enrollment process.

By signing this agreement, I/we certify that I/we am/are members of Alliant Credit Union (Alliant), and all information is complete and correct. I/We agree to all account terms.

I/We agree that the terms of this Checking Account Agreement, along with my/our Membership Enrollment Agreement, the Account Agreement and Disclosures booklet and Fee Schedule provided to me/us upon establishing membership remain in full effect and constitute a contract between Alliant Credit Union and me/us, subject to state and federal laws and the Uniform Commercial Code, as adopted in the state of Illinois.

I/We further acknowledge that an Alliant Visa® debit card will be issued to this account if I/we qualify. I authorize Joint Owner access to member savings through Alliant Visa® debit card transactions and/or Overdraft Protection, if applicable.

Consumer Report and Credit Report Agreement: I/We authorize Alliant to obtain information from a consumer reporting agency and 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.

Checking Overdraft Protection: If I/we select overdraft protection, funds, if available, will be drafted from my/our savings account in the event of an accidental overdraft. I/We understand that certain transactions from my/our savings account may be limited by federal regulations. As a result, if I/we reach these limitations in a given month, overdraft transfers may not be authorized.

Account Designation: If I/we do not select a Joint Owner on my/our checking account, in the event of death, funds will be transferred to my/our primary savings account and paid to the Joint Owner (if applicable) or to the beneficiary(ies) named on the primary savings account.

X _____
Primary Owner Signature (required) Date (mm/dd/yyyy)

X _____
Joint Owner Signature (required, if applicable) Date (mm/dd/yyyy)



Please be sure to include a photocopy of valid U.S. government- or state-issued photo ID or a Passport with documentation verifying the home address, such as a utility bill or lease agreement, for all owners age 18 and older on the account who are not currently members of Alliant Credit Union.

6. Disclosures

1 Alliant checking does not have a monthly service fee; however, if incurred, fees such as a stop payment or NSF fee will apply. Please refer to the Alliant Fee Schedule at alliantcreditunion.com for a list of these types of fees. Account is subject to approval. We may not open checking for you if you do not meet Alliant criteria.

2 For Teen Checking accounts, a parent or guardian must be a Joint Owner on the account and an existing Alliant member. If checks are ordered, the name and address of the Joint Owner will be printed on the checks.

3 Alliant High Rate Checking interest is paid on the last day of each month to checking accountholders who have opted out of receiving paper statements (receive eStatements only) and have a recurring monthly electronic deposit to their Alliant checking account each month (e.g., a direct deposit, payroll deposit, ATM deposit, mobile check deposit or transfer from another financial institution). Otherwise, Alliant checking accounts do not earn interest. Checking rate is variable, may change after account is opened and is subject to change monthly. There is no minimum balance requirement to open an Alliant checking account or to earn interest. Account is subject to approval.

4 A fee will apply if you choose to receive an account statement in paper form; refer to the Fee Schedule at alliantcreditunion.com. To avoid the paper statement fee, log in to Alliant Online Banking at alliantcreditunion.com to change your statement preference to eStatements.

For office use only: Member Account Number _____
The applicant's information provided on this form and corresponding photo identification were collected and verified in accordance with the USA Patriot Act by _____



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800-328-1935 (24/7)
TDD/TTY 773-462-2300 (M-F, 7am-7pm)
alliantcreditunion.com



**Federally insured by
NCUA**