KENTUCKY TELCO CREDIT UNION

P.O. Box 18303 • Louisville • KY • 40261-0303

Enrollment Form

CREDIT UNION USE ONLY

Member # _____

Opened _____ QualiFile/TUNA _____ SS _____

Elig. _____ Reviewed by _____

Comments _____

Personal Information:

• Primary:

Name _____
FIRST MIDDLE LAST

Social Security # _____ Date of Birth _____

Phone Number _____

Email _____

Physical Address _____
NO P.O. BO MUST BE PHYSICAL ADDRESS

City _____ x - State ____ Zip Code _____

Employer _____

Drivers License Number _____

Issue Date _____ Exp. Date _____

• Joint:

Name _____
FIRST MIDDLE LAST

Social Security # _____ Date of Birth _____

Phone Number _____

Email _____

Physical Address _____
NO P.O. BO MUST BE PHYSICAL ADDRESS

City _____ x - State ____ Zip Code _____

Employer _____

Drivers License Number _____

Issue Date _____ Exp. Date _____

Direct Deposit and Payroll Allocations

☐ I authorize you to deposit **my entire paycheck** to Kentucky Telco Credit Union until further notice.

☐ I authorize you to deposit $_____ from each paycheck to Kentucky Telco Credit Union until further notice.

Now that your money is coming to Kentucky Telco, where do you want your money to go?

☒ Savings ($5.00 minimum balance required for credit union membership)
*Regular Savings Account ..... $ _____ per paycheck

☐ Checking Account (Basic Checking) ..... $ _____ per paycheck

☐ Prestige Checking (Requires a loan, debit card, and earns dividends) ..... $ _____ per paycheck

☐ Christmas Club Account ..... $ _____ per paycheck

TOTAL $ _____

☐ Debit Card - You may use any Kentucky Telco Credit Union or Alliance One ATM free of charge - There are no limits on the number of transactions. Please visit kytelco.com for a listing of surcharge free ATMs.

Free Financial Benefits - All of these services are FREE!

Would you like to be pre-approved for a Kentucky Telco Platinum Visa credit card? ..... ☐ Yes ☐ No

Would you like to be pre-approved for an auto loan? ..... ☐ Yes ☐ No

Would you like to know your credit score ..... ☐ Yes ☐ No

Are you interested in FREE Credit Counseling ..... ☐ Yes ☐ No

Are you interested in refinancing a loan? ..... ☐ Yes ☐ No

☐ I have read the disclosures and agree to the terms and conditions presented on the back of this enrollment form.

_____ _____
Primary Signature Date

_____ _____
Joint Signature Date

I/We hereby make application for membership in and agree to conform to the terms and conditions of Kentucky Telco Credit Union. I/We hereby apply for a personal identification number (PIN) to use with CHECKING/PHONE TELLER/ATM/DEBIT CARDS/ONLINE BANKING and agree to the following terms and conditions.
1. I/We will not disclose my/our personal identification or otherwise make it available to anyone not authorized to sign on my/our account. 2. I/We understand that all the terms and conditions of all other Kentucky Telco accounts that I/we may have are incorporated into this agreement. 3. Kentucky Telco reserves the right to change the terms and conditions of this agreement from time to time. 4. I/We will be responsible for all transactions made by an authorized user. Use of CHECKING/PHONE TELLER/ATM/DEBIT CARDS/ONLINE BANKING by anyone for my benefit or with actual, implied or apparent authority is an authorized use. Use by members of my immediate family or household is also authorized use. 5. This agreement may be cancelled at any time by either party upon written notice. I/We further agree that my/our signature(s) shall constitute my/our acceptance of said terms and conditions, and in the case of joint account, all parties agree to the terms and conditions thereof. Further, my/our acceptance of any cards/checks/PIN numbers issued will indicate I/we agree to the terms and conditions accompanying them.
6. I/We understand by signing this application you are authorized to check my credit and employment history and to answer questions about my/our credit experience with you.

NOTICE: The Internal Revenue Service does not require my consent to any provisions of this document other than the certification required to avoid backup withholding. MEMBER INSTRUCTIONS FOR COMBINED CERTIFICATION FORM - You must cross out the language on the combined certification (statement 2), certifying that you are not subject to backup withholding if you (a) have been notified by the IRS that backup withholding applies to you and (b) the IRS have not notified you that backup withholding no longer applies. Under penalties of perjury I/We certify (1) that the social security number(s) shown on this form is my/our taxpayer identification number and (2) that I/We am not subject to backup withholding either because I/we have not been notified that I/we am subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I/we am no longer subject to backup withholding.

Notice of Statutory Lien: If you are in default on a financial obligation to us, law gives Kentucky Telco the right to apply the balance of shares and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, we may exercise this right without further notice to you.

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Step 2:
Authorization to Change Direct Deposit

Name

Employer / Depositor Name

Social Security Number

Payroll / Clock Number

I want to:

☐ Start Change

Cancel E ective Date _____

Kentucky Telco Credit Union
Financial Institution

P.O. Box 18303
Address

Louisville	*KY*	*40261-0303*	*(800) 292-9490*
City	State	Zip	Phone Number

283079159
Routing Number

Member Number / Account Number

I hereby authorize you to deduct the following amount from my pay each pay period:

☐ Savings ☐ Checking $ _____ or ☐ Net Deposit (Entire Payroll)

☐ Savings ☐ Checking $ _____ or ☐ Net Deposit (Entire Payroll)

Signature

Today's Date

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Step 3:
Authorization to Change Automatice Payment Withdrawal

Date: _____

To: _____
Name of Merchant / Payee

_____
Merchant / Payee Address

_____
City State Zip

From: _____
Customer / Account Holder Name

_____
Account Number

_____
Street Address

_____
City State Zip

This memo serves as notification that I have established a new account with Kentucky Telco Credit Union. Please discontinue debiting my previous account and begin making automatic withdrawals from my:

☐ Savings / Checking Account:
Kentucky Telco Credit Union
P.O. Box 18303
Louisville, KY 40261-0303
Routing Number: 283079159
Account Number: _____

☐ Debit Card:
Card Number: _____
Expiration Date: _____
CSV Code: _____

_____
Customer / Account Holder Signature Date

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Step 4:
Authorization to Close Account

Date: _____

To: _____
Name of Current Financial Institution

_____
Street Address

_____
City State Zip

From: _____
Primary Account Holder Social Security Number

_____
Secondary Account Holder Social Security Number

_____
Street Address

_____
City State Zip

Please close the following accounts with your institution:

Account # _____

Account # _____

Account # _____

Please send any remaining funds to:

Kentucky Telco Credit Union
P.O. Box 18303
Louisville, KY 40261-0303
Account Number_____
Routing Number: 283079159

_____
Signature of Primary Account Holder Signature of Joint Account Holder

_____
Date Date