



New Request Form Instructions

Thank you for your request to open your new ALEC deposit account.

To open your new deposit account, please complete the attached request form.

New Account Request Check List

1. Enter your Member Number and Name
2. Select the new account(s) you would like to open
3. Enter your deposit amount(s)
4. Print and sign the request form
5. Mail your completed request form along with your deposit to:

ALEC
Attn: Member Service Department
401 N Riverside Dr Suite 1-A
Gurnee, IL 60031-5915

You can also return your request to any of our service centers.

Questions

If you have any questions regarding your request:

- **Contact a Member Service** representative at 847.688.8000 or 800.762.9988.
- **E-mail Member Service** using the secure e-mail feature inside Online Banking.

**Abbott Laboratories
Employees Credit Union**

401 N Riverside Dr.
Suite 1-A
Gurnee, IL 60031-5915

p: 800.762.9988

f: 847.360.0355

alecu.org

MEMBER NUMBER

MEMBER NAME

OPEN THESE ACCOUNTS

Check accounts requested:	Deposit Amount:
<input type="checkbox"/> Free Checking _____	\$ _____
<input type="checkbox"/> Rewards Checking _____ \$50 minimum deposit <input type="checkbox"/> Upgrade	\$ _____
<input type="checkbox"/> Money Market _____ \$2000 minimum deposit	\$ _____
<input type="checkbox"/> Health Savings Account	\$ _____
<input type="checkbox"/> Holiday Club	\$ _____
<input type="checkbox"/> Special Shares	\$ _____
<input type="checkbox"/> IRA Shares <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Education	\$ _____
<input type="checkbox"/> Share Certificate \$500 minimum deposit <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months	\$ _____
<input type="checkbox"/> IRA Share Certificate \$500 minimum deposit <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Education <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months	\$ _____
<input type="checkbox"/> HSA Share Certificate \$500 minimum deposit <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months	\$ _____
<input type="checkbox"/> Other _____	\$ _____

PROVIDE ME FREE ACCESS

Check services requested:

ATM Card For members with only a Savings relationship
 Primary Joint

Visa Debit Card Checking required
 Primary Joint

HSA Debit Card Health Savings Account required
 Primary Joint

Telephone Banking

SELF ENROLL AT alecu.org

Online Banking

Bill Pay Online Banking and Checking account required

E-Statements Online Banking required

Mobile Banking Online Banking required

UPDATE CONTACT INFORMATION

Address _____

Phone _____ Home Cell

Email Address _____

ACKNOWLEDGEMENT

I/we hereby make a request to add an account to my membership. With this request, I/we agree to conform to the bylaws, rules and regulations of Abbott Laboratories Employees Credit Union, as amended from time to time, and agree to subscribe at least one share (\$5). You are authorized to verify the information given and obtain further information from a consumer credit report, now or in the future, to assist in the review process. I understand and agree that all shares issued under my/our membership number (with the exception of shares issued under an IRA) shall be issued in the same name(s) and type of ownership as indicated in the account ownership section of the current membership application. I/we understand that shares are not transferable except as authorized by ALEC. **By signing below, I/we acknowledge that I/we have read and understood the disclosures above and agree to be bound by their terms. I/we also acknowledge receipt of a copy of the Fee Schedule, Privacy Notice and the agreement entitled "Important Information about Share Accounts" which includes the Truth in Savings disclosure, the Electronic Funds Transfer disclosure, and the Expedited Funds Availability disclosure and agree to be bound by the terms outlined therein.**

Your deposits in Abbott Laboratories Employees Credit Union (ALEC) are insured by American Share Insurance (ASI), a state-approved share insurance fund where each account is insured up to \$250,000. We ask that you acknowledge the fact that your credit union is not federally insured and that if the institution fails, the federal government does not guarantee that you will get your money back. By members choice your accounts are insured for a maximum of \$250,000 each.

X _____ **X** _____
Member Signature Joint Signature (If applicable)

Date Date of Birth (If Debit/HSA requested) Date Date of Birth (If Debit/HSA requested)

Credit Union Use Only

Initials/ID _____ Service Center _____ Date Processed _____ Verified by _____ Image dated _____