



## 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  
325 Tri-State Parkway  
Gurnee, IL 60031-5280

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**

325 Tri-State Parkway  
Gurnee, IL 60031-5280

p: 800.762.9988

f: 847.360.0355

[alecu.org](http://alecu.org)

MEMBER NUMBER

MEMBER NAME

### OPEN THESE ACCOUNTS

Check accounts requested:	Deposit Amount:
<input type="checkbox"/> <b>Free Checking</b> _____	\$ _____
<input type="checkbox"/> <b>Rewards Checking</b> \$50 minimum deposit _____	\$ _____
<input type="checkbox"/> Upgrade	
<input type="checkbox"/> <b>Money Market</b> \$2000 minimum deposit _____	\$ _____
<input type="checkbox"/> <b>Health Savings Account</b> _____	\$ _____
<input type="checkbox"/> <b>Holiday Club</b> _____	\$ _____
<input type="checkbox"/> <b>Special Shares</b> _____	\$ _____
<input type="checkbox"/> <b>IRA Shares</b> _____	\$ _____
<input type="checkbox"/> <i>Traditional</i> <input type="checkbox"/> <i>Roth</i> <input type="checkbox"/> <i>Education</i>	

### PROVIDE ME FREE ACCESS

Check services requested:

**Visa Debit Card** Checking required  
 Primary  Joint

**HSA Debit Card** Health Savings Account required  
 Primary  Joint

**Telephone Banking**

### SELF ENROLL AT [alecu.org](http://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** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Country** \_\_\_\_\_ **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 \_\_\_\_\_ Imaged date \_\_\_\_\_ Reviewed by \_\_\_\_\_  
 Verified By: Account Create \_\_\_\_\_ Lexis Nexis \_\_\_\_\_ Mbr Password \_\_\_\_\_ Security Questions \_\_\_\_\_ InterAct \_\_\_\_\_ In-Person \_\_\_\_\_

**Debit Courtesy Pay Consent Form**  
ATM & Everyday Debit Card Transactions

**What you need to know about Overdrafts and Overdraft Fees**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have a standard overdraft practices that come with your account.
2. We also have overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

**What are the standard overdraft practices that come with the account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

**What fees will I be charged if Abbott Laboratories Employees Credit Union (ALEC) pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$28 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

**What if I want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you also want us to authorize and pay overdraft on ATM and everyday debit card transactions:

- Call ALEC at 800.762.9988
- Visit [alecu.org](http://alecu.org)
- Or complete the form below and mail to the address to the right:

**ALEC**  
**325 Tri-State Parkway**  
**Gurnee, IL 60031**

.....  
*Detach here*

**DEBIT COURTESY PAY CONSENT**

- I want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- I do not want ALEC to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name \_\_\_\_\_ Member Number \_\_\_\_\_ Share Type \_\_\_\_\_  
Share Type \_\_\_\_\_  
Share Type \_\_\_\_\_

Member Signature X \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use Only**

Initials/ID \_\_\_\_\_ Branch \_\_\_\_\_ Date Processed \_\_\_\_\_ Verified By \_\_\_\_\_ Image Date \_\_\_\_\_