

United Bank & Capital Trust Company

ALLOTMENT SAVINGS ACCOUNT APPLICATION AND TRANSFER AUTHORIZATION

INSTRUCTIONS

Effective date January 1, 2015, DOD policy "prohibits starting new allotments to purchase, lease, or rent personal property. Existing allotments are not affected. It does not prohibit allotments made to: savings accounts, support dependents, pay insurance premiums, mortgages, rents or investments. This policy change does not apply to military retirees or DoD civilians. It applies only to active duty service members."

You will need the following information to complete these forms

- 1. Company Code / Store Code if applicable**
- 2. Payment amount (including Firstnet Transfer Fee)**
- 3. Loan ID / Contract number/Policy Number**

STEP 1

Part One (Half Page) – is the Allotment Savings Account Application and Transfer Authorization. Please complete all the information and return this to:

Firstnet
P.O. Box 988 OR FAX TO: (270) 351-1239
Radcliff, KY 40159

Be sure to retain a copy for your records.

STEP 2

Please use the routing number 083901825. The Allotment Direct Deposit account number and amount including Firstnet Transfer Fee are contained on your Allotment Savings Account Application and Transfer Authorization. To establish your Allotment Direct Deposit please visit your local payroll office or utilize your online payroll access.



A DIVISION OF
United Bank & Capital Trust Company

Member
FDIC



SSN _____
TIN _____

COMPANY CODE _____
SUB CODE _____

**United Bank & Capital Trust Company
FIRSTNET**

CONTRACT # _____

ALLOTMENT SAVINGS ACCOUNT APPLICATION AND TRANSFER AUTHORIZATION

In consideration of the opening and maintenance of a savings account by United Bank & Capital Trust Company the depositor agrees that this account shall be subject to the bank's rules and regulations covering allotment savings account interest rates, statements and maintenance of this type account. Accounts inactive for 365 days may be assessed a dormant service charge.

Undersigned hereby authorizes United Bank & Capital Trust Company to deduct from said account and transfer each month the amount of \$_____ (includes \$_____ Firstnet Transfer Fee) or any lesser amount if the first amount is not available to Firstnet. Electronic Fund Transfer disclosure and rules and regulations regarding this account will be mailed by United Bank & Capital Trust Company. Quarterly statements and other disclosures will be made available to you at www.firstnetbillpay.com. If the email address given is invalid, omitted or email is returned to us, we will automatically mail all disclosures and quarterly statements to the address given below. The owners of the accounts, by signing below consent to receive all required statements and disclosures, for example change-in-terms notices, Regulation E notice, error resolution procedures, electronically from United Bank & Capital Trust Company.

Under penalties of perjury, I certify that (1) the TIN provided on this form is true, correct and complete, and (2) that I am not subject to backup withholding either because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item (a) above if the IRS notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

X

**TYPE OR PRINT
CLEARLY**

Signature _____

Date _____

ACCOUNT HOLDER NAME (LAST, FIRST, MI)		TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> ALLOTMENT SAVINGS		
ADDRESS (street, route, P.O. Box, APO/FPO)		DEPOSITOR ACCOUNT NUMBER ssn plus company code		
CITY	STATE	ZIP CODE	TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER		<input type="checkbox"/> Social Security		<input type="checkbox"/> Fed Salary/Mil. Civilian Pay
AREA CODE		<input type="checkbox"/> Supplemental Security Income		<input type="checkbox"/> Mil. Active _____
		<input type="checkbox"/> Railroad Retirement		<input type="checkbox"/> Mil. Retire. _____
		<input type="checkbox"/> Civil Service Retirement (OPM)		<input type="checkbox"/> Mil. Survivor _____
		<input type="checkbox"/> VA Compensation or Pension		<input type="checkbox"/> Other _____ (specify)
SSN	DATE OF BIRTH		MONTHLY DEPOSIT	AMOUNT

Routing Number: 083901825

BANK COPY