

This is an application for the Payroll Card. Please fill out completely to avoid processing delays.

VANDERBILT  UNIVERSITY
MEDICAL CENTER

 FIRST TENNESSEE

Applicant's Name _____ Preferred Name _____ Social Security Number _____ Date of Birth _____

Driver's License Number / State ID Number Date of Issue _____ No Issue Date _____ State of Issuance _____ Expiration Date _____ No Expiration Date _____

Physical Address (no P.O. Box) Street Address/Apartment# _____ City _____ State _____ ZIP _____ Years at this Address _____ Current Home Telephone _____

Statement/Card Delivery Address (if different) _____ City _____ State _____ ZIP _____

Applicant Employed by _____ Position _____ (Month/Year) Date Started _____

Employer/Company Name _____ City _____ State _____ ZIP _____ Business Telephone _____

Are you a United States Citizen If no, what is your immigration status?
 Yes No Permanent Resident Alien Temporary Resident Alien Non-Resident Alien Diplomatic Status

Do you hold citizenship in any other countries or jurisdictions outside the U.S.? If yes, what countries? (Please list)
 Yes No _____

Do you or any member of your immediate family hold any foreign government offices?
 Yes No

USA Patriot Act Notice – 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. What this means to you: 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 may also ask to see your driver's license or other identifying documents.

I am applying for an ATM/Debit Payroll Card account. I've answered the questions above fully, accurately and truthfully. If my application is approved, I understand that my Payroll Card will be mailed with a Cardholder Agreement. A Depositor Agreement will be mailed separately. I promise not to use my card until I have read and agreed to the terms of both Agreements. I understand that I can not write checks on this account. Withdrawals are to be made by using my Payroll Card. The account is designed for payroll direct deposits. Other deposits may be refused at the bank's option. Deposits at an ATM will not be permitted. I authorize you to obtain information by checking my credit records and statements made in this application, and to inform my employer whether or not card is issued. If this application is denied, you will be provided a written explanation of the reason for denial.

Direct Deposit Authorization: I authorize the above name EMPLOYER and First Tennessee to electronically deposit my net pay to the specified checking account each payday. If monies to which I am not entitled are deposited to my account, I authorize my EMPLOYER to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with said EMPLOYER.

Under penalties of perjury, I certify: (1) that the Taxpayer Identification Number (TIN) shown above is my correct TIN and (2) that I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien).

Instructions: You must cross out clause (2) above before signing this card if you have been notified that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, and you have not received a notice from the IRS advising you that backup withholding has terminated. Cross out clause (3) if you are not a U.S. person.

The Internal Revenue Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant's Signature _____ Date _____