

THIS APPLICATION FORM WILL NOT BE PROCESSED IF IT IS INCOMPLETE.

YES, I want to receive the Truelink Card!

Please provide all the following information required for issuance of your Truelink Card

Cardholder Information:

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security Number: _____

Home Phone Number: (____) _____

Birthdate (MM/DD/YYYY): _____

Mother's Maiden Name: _____

Home Address:

Street: _____ Apt.#: _____

City: _____

State: _____ Zip Code: _____

Mailing Address: (If different from Home Address)

Street: _____ Apt.#: _____

City: _____

State: _____ Zip Code: _____

I acknowledge and accept that the following fees will apply to my Truelink Debit Card:

Purchases (signature and PIN / cash back)	FREE
AllPoint® ATM Withdrawal*	FREE
Other ATM Withdrawal*	\$1.50
Bank Teller Withdrawal*	\$4.00
ATM Balance Inquiry	\$0.50
Teller Cash Advance*	\$5.00
Monthly Card Service Fee Card	\$4.00
Replacement (per card)	\$5.00
Rush Card Delivery (per card)	\$30.00
Operator-Assisted Phone Inquiry	FREE

A surcharge may be assessed by the ATM owner if not using AllPoint® ATM

Truelink Debit Card

I hereby authorize ALLTRUST PAYEE CORP, INC to deposit my personal spending to the Truelink Debit Card. If funds or monies to which I am not entitled are deposited to the Truelink Debit Card, I hereby authorize ALLTRUST PAYEE CORP, INC to correct the error or overpayment. I hereby authorize ALLTRUST PAYEE CORP, INC to act as my agent to submit my application for the Truelink Debit Card to Truelink, the issuer of the Debit Card, and to send and receive communications on my behalf to and from Truelink regarding my Truelink Debit Card. By using the Truelink Debit Card, I hereby agree to the Card Terms and Conditions governing my use of the Truelink Debit Card that I will receive at the time I receive the Truelink Debit Card. I agree to provide Truelink with such information and documentation as Truelink may request, and to cooperate with Truelink in verifying such information, to enable Truelink to comply with applicable federal and state laws and regulations.

I acknowledge and agree that this authorization may be rejected or discontinued by ALLTRUST PAYEE CORP, INC or Truelink at any time. I understand that this authorization replaces any previous authorization relating to ALLTRUST PAYEE CORP, INC payments to me, and unless terminated by ALLTRUST PAYEE CORP, INC or Truelink, this authorization will remain in full force and effect until ALLTRUST PAYEE CORP, INC has received written notification from me of its termination. I understand that I may cancel the Truelink Debit Card at anytime and receive checks via the U.S. Postal Service for my personal spending.

Important Information about Procedures for Opening a New Account

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 cardholder that opens an account. Because you are enrolling for the Debit Card service, you are being asked to provide your name, address, date of birth and other information that enables Truelink to identify you.

Signature: _____

Name (please print): _____

Date: _____

*****By signing this form, I acknowledge that I will be charged a monthly fee of \$4.00 by Truelink Financial. I also understand that no fees are paid to or collected by Alltrust Payee Corp. for the use of the debit card.******