Currency Connection Card Enrollment Form and Agreement

FAX OR MAIL THIS FORM TO CURRENCY CONNECTION PROCESSING.
ADDRESS: CURRENCY CONNECTION, REPUBLIC BANK, 601 W. MARKET STREET, LOUISVILLE, KY 40202
FAX NUMBER: 1-866-758-3982. FOR MORE INFORMATION, CALL 1-866-758-3973.

Complete all information using capital letters.

ISO # _____ EFI # C 0 1 1 9 5

First Name | M.I. | Last Name

Social Security Number (___/___/____) | Birthdate (Mo./Day/Yr.) (__-__-____)

Address (No P.O. Box) | Apt. #

City | State | Zip Code

Phone | Mother's Maiden Name (for security purposes only)

CHECK THE TYPES OF DEPOSITS YOU RECEIVE ❑ Tax Refund ❑ Other _____

❑ Payroll/Pension

Employer Name _____ **Employer Phone** _____

Indicate Social Security (SSA), Disability (SSI), Veterans (VA), Civil Service (CS), Railroad Retirement (RR) benefits below.

❑ Government Benefits

Beneficiary SSN	Beneficiary Name (First, MI, Last)	Government Benefits Type

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Attach additional applications to include other beneficiaries, if necessary. **The above benefit payments will be electronically set-up for direct deposit to your new Currency Connection Account.**

Identification Information (Two forms of ID must be presented. At least one must be a current picture ID from Group A)

Group A: ____Drivers License ____ DMV/BMV State ID ____ Military ID ____ US Passport/Resident Alien ID

ID # _____ ID Issue Date _____ ID Expiration Date _____ Location of Issuance _____

For EFIs: I acknowledge that I have verified the person presenting this ID is the person pictured on the ID_____ (EFI's initials)
Group B: ____Govt. issued Soc. Sec. Card ____ Visa/MC/Discover ____Union Membership Card ____ Check Cashing Card ____Prior Client ____Student ID ____ Emp. ID

Overdraft Honor Opt-In

❑ Yes, once eligible, I would like to activate the Overdraft Honor Program on my account. I have received, read and understand the Currency Connection Overdraft Honor Policy.

BY SIGNING BELOW YOU AGREE:

By completing this Currency Connection Card Enrollment Form and Agreement ("Agreement"), you hereby authorize and request Bank to establish a non-interest bearing account in your name ("Account") and to receive direct deposit of benefits, payroll e
you may make or authorize (collectively "Deposits"). Your Account will open upon receipt of this Agreement by the Bank.
You hereby appoint your Electronic Funds Issuer (EFI) to act as your agent respecting your Account information. You agree that Bank may, unless prohibited by law, debit or offset funds in your Account to pay off all or portions of any amounts you may owe Bank. You acknowledge that the Bank may set-off against your Account in order to recover any ineligible or returned Deposits that the Bank may be obligated to return to the Direct Deposit Originator.
Republic Bank & Trust Company ("Bank") will issue you a Currency Connection Card (the "Card") and a Personal Identification Number (PIN) to be used in accessing your Account. You agree not to reveal your PIN to unauthorized users of your Card and you assume full responsibility for any and all transactions authorized. Do not disclose your PIN to any persons, including Bank employees. If you voluntarily give your Card, PIN or both to another person, you are authorizing such person to use your Card and access funds in your Account whether you intend to do so or not, and you will be responsible for transactions resulting from their use of the Card.
Either you or the Bank may transfer or close your Account at any time with or without cause. Upon account closure, the Bank will return to you the available balance in your Account less any fees or charges, claims, set-offs or other amounts you owe the Bank. You agree to pay the service fees, and/or transaction fees and any other service charge or fee associated with your Account. You authorize the Bank to charge your Account at any time for any such fees or charges due. The terms and conditions of this Agreement, including the fees and charges provided to you on the Truth In Savings Account Disclosure and as disclosed to you from time to time, are subject to change and you will be notified of such changes at least thirty (30) calendar days prior to the effective date of the change, by mail, according to your mailing address on record. By maintaining your Account after the effective date of the change, you agree to be bound by the changes. If no deposits are received or no disbursements are taken over a period not to exceed forty-five (45) calendar days, your account will be closed and all subsequent direct deposits returned to the Direct Deposit Originators.

Signature: _____ Date: _____

FAX OR MAIL THIS FORM & PICTURE ID TO: CURRENCY CONNECTION, REPUBLIC BANK & TRUST COMPANY, 601 W. MARKET STREET, LOUISVILLE, KY 40202. FAX NO. 1-866-758-3982. FOR MORE INFORMATION, CALL 1-866-758-3973.

FOR OFFICE USE ONLY

ROUTING NUMBER 0 8 3 0 0 1 3 1 4

ACCOUNT NUMBER

CARD NUMBER