

FOR BANK USE ONLY	Prepared By <b>MINA ORTIZ</b>	Officer # <b>23592</b>	Bank <input type="text"/>	Account No. <input type="text"/>
	Workplace Solutions Code <b>112967</b>	State <b>TX</b>	Additional Account No. <input type="text"/>	
	Branch # <b>718</b>	SLOC or Credit Card Account No. <input type="text"/>		

**IMPORTANT INFORMATION ABOUT 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 person opening an account. Prior to opening an account, we generally must obtain your name, address, date of birth, taxpayer identification number or other identifying number (e.g., Social Security number or employer identification number) and other information that will allow us to identify you. We also may ask to see documentation verifying your identity, such as an unexpired driver's license or passport or, in the case of a business, a certified copy of articles of incorporation and / or a government-issued business license.

**PERSONAL INFORMATION REQUIRED (Please Print)**

Applicant Legal Name (First, Middle, Last)

Physical Home Street Address Time at this address

City State Zip

Previous Address if less than 2 years above Time at this address

City County State Zip

Mailing Address if different from above (Can be P.O. Box)

City County State Zip

SSN/ITIN Date of Birth (Month/Day/Year)

Primary Phone Secondary Phone

Mother's Maiden Name (for security purposes)

Gross Annual Income\* (for Credit Application purposes)

\* Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. If you are over 21, you may include somebody else's income that is regularly used to pay your expenses.

SSN is required for credit applications. All products are for Consumer use only. Married Wisconsin Residents: At your option, you may include your spouse's income if you wish it to be considered.

**EMPLOYER INFORMATION REQUIRED**

Current Employer Name

Employer Phone Number Occupation

Employer Address

City State Zip

How long have you been employed with this company? \_\_\_\_\_

Previous Employer Name (Required if employed less than 2 years with Current Employer)

Employer Phone Number Occupation

Employer Address

City State Zip

How long were you employed with this company? \_\_\_\_\_

**IDENTIFICATION INFORMATION REQUIRED**

**Citizenship** (Please Check One)

- US Citizen (SSN Required)
- Resident Alien\*\* (SSN and Alien Reg Card Required)
- Non-Resident Alien\*\* (Form W-8 Required)

Citizenship Country

Permanent Residential Street Address\*

City State Zip

\*This address should be your residential street address located in your citizenship country if you are not a U.S. Citizen or Resident Alien. This MUST be a non US address for a Non Resident Alien (NRA). \*\*Resident and Non-Resident Aliens must complete the account approval process at a branch location.

**Identification Type**

- US Passport  Other (Please explain)
- State-Issued Driver's License

ID Number State/Place of Issuance

Issue Date (mm/dd/yyyy) Exp Date (mm/dd/yyyy)

Document Discrepancy Explanation

Is the owner / principal/signer, or a member of the owner's / principal's / signer's immediate family,<sup>†</sup> or any close associate<sup>††</sup> of the owner / principal/signer, a senior foreign political figure?<sup>†††</sup>

- Yes  No

If yes, which relationship applies (select and complete all that apply)?

Owner / Principal / Signer is a senior foreign political figure.

Country Name / Position Held

Owner / Principal / Signer is immediate family,<sup>†</sup> of a senior foreign political figure.

Name Relationship to Client

Country Name / Position Held

Owner / Principal / Signer is a close associate<sup>††</sup> of a senior foreign political figure<sup>†††</sup>.

Name Country

Name / Position Held

† "Immediate family" of a senior foreign political figure typically includes the figure's parents, siblings, spouse, children and in-laws.

†† A "close associate" of a senior foreign political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

††† A "senior foreign political figure" is a senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, a senior executive of a foreign government-owned corporation, or any corporation, business or other entity that has been formed by, or for the benefit of, a senior foreign political figure.

By signing below I attest that all of the information provided on this application is true and accurate.

Applicant Signature Date

FOR BANK USE ONLY

Prepared By	Officer #
Workplace Solutions Code	State
Branch #	

Bank	Account No.
	Additional Account No.
SLOC or Credit Card Account No.	

### CUSTOMER SIGNATURE CARD ACKNOWLEDGEMENT

**Account Agreement:** By signing below, I acknowledge and agree that this account(s) is and shall be governed by the terms and conditions set forth, as amended from time to time, in the Consumer Deposit Account Agreement and in all other disclosures applicable to the account(s) that BBVA Compass may provide to me. Furthermore, I acknowledge receipt of the Consumer Deposit Account Agreement and that, if this application is approved and the account(s) is opened, BBVA Compass will mail to me all other disclosures applicable to my account(s). I authorize BBVA Compass to obtain and exchange information on each Owner/Signer, including credit reports and information from federal and state agencies (such as the Internal Revenue Service), and to update that information from time to time. By signing below, I also acknowledge and agree that the signature will serve as authorization for any transaction, by any signer, in connection with this account, and as the certification (set forth below) of the taxpayer identification number to which I want interest reported.

By signing below, I attest that all of the information provided on this application is true and accurate.

Please check one:

- Individual – On the death of the individual owner, ownership passes as part of the individual owner's estate.
- POD (Payable on Death)

On the death of an individual owner, ownership passes to one or more beneficiaries or to one or more owners during their lifetime, and on the death of all owners to one or more beneficiaries. If owner wishes the bank to omit "POD" designation from the account title, initial here: \_\_\_\_\_. Owner acknowledges that, per federal regulations, this omission means the account will be insured by the FDIC collectively with any other individual account of owner at the bank to the maximum amount permitted by law, a separate insurance as "POD" account will not be provided.

Pay-On-Death Beneficiary (name only) Designation  
(Complete only if POD box is checked)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

(Refer to the Consumer Deposit Account Agreement for a complete explanation of Backup Withholding Regulations.)  
Under penalties of perjury, I certify that:

- 1. The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block.
- 2. I am a U.S. person (including a U.S. resident alien) unless I check this block.
- 3. The Social Security Number shown above is the correct Taxpayer identification Number for tax reporting purposes;

OR All owners of this account are nonresident aliens and each owner has provided the appropriate completed Form W-8.

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

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** This application replaces our normal signature card acknowledgement. Please forward a copy of both sides of this document to Processing Support.

**NOTE:** Please ensure that account number has been completed on both sides.

### CHOOSE YOUR DEPOSIT PRODUCT(S):

#### Consumer Checking:

- BBVA Compass ClearChoice Free Checking
- BBVA Compass ClearChoice Premium Checking
- BBVA Compass NBA Checking

If not approved for selection above, will you accept Easy Checking?

- Yes  No

#### Consumer Money Market and Savings Accounts

- BBVA Compass ClearChoice Savings
- BBVA Compass ClearChoice Money Market Account
- BBVA Compass NBA Savings \*

(\*Only available with a NBA Checking account.)

### CHECK CARD & CHECKS

- I am applying for a BBVA Compass Check Card  
(Not available with NBA Checking)
- I am applying for a BBVA Compass NBA Team Check Card  
(Only available with NBA Checking)

Team: \_\_\_\_\_

- I am applying for:
  - BBVA Compass Bama Check Card. Image: \_\_\_\_\_
  - BBVA Compass Tiger Check Card. Image: \_\_\_\_\_
  - BBVA Compass Dynamo Check Card. Image: \_\_\_\_\_

- I am requesting checks

### AUTO-TRANSFER TO SAVINGS

Amount	Date to begin monthly transfer
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(\$25 minimum opening deposit. Checking accounts and Check Cards subject to approval which may include credit approval. Savings accounts subject to approval.)

### OPENING DEPOSIT INFORMATION

Card Number	Security Code	Expiration Date	
Card Type			

\$ \_\_\_\_\_ amount to Deposit

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

- I will go to the \_\_\_\_\_ branch and make my deposit in person
- My opening deposit will be made through direct deposit.

If you fund with a credit or debit card, you may be subject to applicable charges by your account provider.

### ONLINE BANKING

Email Address \_\_\_\_\_

Username \_\_\_\_\_

Branch #

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SLOC or Credit Card Account No.

**CREDIT APPLICATION**

You may sign below to apply for *either*

- **BBVA Compass ClearPoints Credit Card, or**
- **Simplified Line of Credit**

See the *following page* for important terms and conditions for these products.

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 opening an account.

Prior to opening an account, we generally must obtain your name, address, date of birth, taxpayer identification number or other identifying number (e.g., Social Security number or employer identification number) and other information that will allow us to identify you. We also may ask to see documentation verifying your identity, such as an unexpired driver's license or passport or, in the case of a business, a certified copy of articles of incorporation and / or a government-issued business license.

By submitting this application, you understand that you are applying for the credit account indicated below (an "Account") to be issued by Compass Bank, which is headquartered in and operating under the laws of Alabama (sometimes referred to as "we", "us", or "our"). You verify that you are at least 18 years of age (19 if you are a resident of Alabama or Nebraska, 21 if a resident of Mississippi or Puerto Rico). You understand that, in reviewing this application, we will rely on all of the information you provide to us, and you promise that all of this information is true and complete to the best of your knowledge. You authorize us to obtain consumer credit reports and other information about you and your financial condition to review your application, for Account review, renewal, servicing and collection, and to offer you other products and services. If you are a New York resident, upon your request we will inform you of the name and address of each consumer reporting agency from which we obtained any consumer report relating to you. You authorize us to verify all information provided on or in connection with this application with credit reporting agencies, employers, or other third parties, and through records maintained by federal and state agencies (including the Internal Revenue Service and any state motor vehicle department) or any other sources we choose, and you waive any rights of confidentiality you may have in that information. If your application is approved, the Account will be governed by the credit agreement identified below (the "Agreement"). The Account and the Agreement are governed by Alabama law and federal law, and we may change the terms of the Account as provided in the Agreement. As permitted by applicable law, you agree we may contact you using (1) any information or phone numbers (including cell phone numbers) you provide to us on this application or otherwise, and (2) an automated telephone dialing system and/or artificial or prerecorded voice message, even if you are charged for the call under your phone plan.

Applicant's Signature (please do not print)

Please send an additional card for the following authorized user:

First Name                      M.I.                      Last Name

To complete this application, please check the kind of Account you are requesting and sign as follows:

Check only one Account.

If you sign below and check boxes for both credit Accounts, or fail to indicate which credit Account you are applying for, you will be applying for a BBVA Compass ClearPoints Credit Card account.

**Simplified Line of Credit? Account** — This Account will be governed by the Simplified Line of Credit Agreement, which is sent with the approval letter designating the credit limit for the Account.

or

**BBVA Compass ClearPoints Credit Card Account** — This Account will be governed by the BBVA Compass ClearPoints Credit Card Agreement, which is sent with the card(s).

**ClearPoints Credit Card Only:** Your option to request over-the-credit limit transactions. You may request us to authorize transactions that cause your account balance to go over your credit limit. If you request us to authorize over-the-credit limit transactions and your account balance goes over your credit limit, we will charge you a fee of up to \$35. You will be charged only one overlimit fee for any billing cycle, even if you go over your credit limit multiple times in the same cycle. We may decline over-the-credit limit transactions at any time, even if you requested us to authorize them. If you want us to authorize over-the-credit limit transactions, please check the box below:

I want you to authorize transactions that cause my account balance to go over my credit limit. I understand that if I go over my credit limit, I will be charged a fee of up to \$35.

To request an additional card for an authorized user, print that person's name below:

**Notices for both Clear Points Credit Card and Simplified Line of Credit Accounts:** **Canceling an Account:** If this application is approved and you decide you do not want the Account, you can call the Customer Service number provided on the back of the credit card to cancel. Any fees, if assessed, will be reversed at no cost to you if you have not used the Account. **Changes to terms:** The rates, fees and other costs of this credit offer are disclosed in this *brochure*. This information is accurate as of the specified date, but may have changed after that date. To find out what may have changed, contact us as described in this *brochure*. The rates, fees and other terms for any Account may be changed as provided in the Agreement. **Dispute Resolution:** The Agreement provides that all disputes regarding an Account or the Agreement are subject to either (1) judicial reference (if you reside in California) or (2) binding arbitration (if you reside outside California), each of which impact your rights to participate in a class action or similar judicial proceeding. Please read the "Dispute Resolution" section of the Agreement carefully.

Applicant's Signature (please do not print)

**NOTE: If applicant selects both products, only the Credit Card application will be submitted for consideration.**



**BBVA Compass ClearPoints Credit Card\***

Terms and conditions as of April 1, 2015

These terms and conditions are accurate as of April 1, 2015, but may have changed after that date. You can always find out the most current terms by contacting us at: Compass Bank, P.O. Box 2210, Decatur, AL 35699, or 1-800-239-5175

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<b>0%</b> Introductory APR for six months After that, your APR will be <b>9.24% to 23.24%</b> , based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	<b>0% to 3.99%</b> introductory APR for one year, based on your creditworthiness. After that, your APR will be <b>9.24% to 23.24%</b> , based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	<b>22.24% to 27.24%</b> based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest on purchases, the charge will be no less than \$1.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>
Fees	
Transaction Fees	<ul style="list-style-type: none"> <li>• Cash Advance: Either \$10 or 4% of the amount of each cash advance, whichever is greater</li> <li>• Balance Transfer: Either \$10 or 4% of the amount of each transfer, whichever is greater</li> <li>• Foreign Transaction: 3% of each transaction in U.S. dollars</li> </ul>
Penalty Fees	<ul style="list-style-type: none"> <li>• Late Payment: Up to \$35</li> <li>• Returned Payment: Up to \$25</li> <li>• Over-the-Credit Limit: Up to \$35 (but only if you have authorized transactions over your credit limit)</li> </ul>

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases)

The introductory APR for Purchases will apply through the end of the 6th billing cycle after the account is opened for all Purchases posted to the account within the grace period. The introductory APR for Balance Transfers will apply through the end of the first year after the account is opened for all Balance Transfers posted within 30 days of account opening. If you take advantage of any promotional APR Balance Transfers, you will have a new Check/Cash Advance offer from BBVA Compass available to you again in 90 days. The 0% introductory APR must pay your entire balance each month including any late fee or penalty that may be assessed, by the payment due date to avoid activation of the promotional APR.

The BBVA Compass ClearPoints Credit Card may not be available to residents of all states. **California Residents:** Market segment may apply to certain accounts. **Delaware Residents:** Service charges not covered. (Regulation Z) If this card is reported to the U.S. credit bureaus, it may be subject to credit scoring. **Maryland Residents:** Finance charges will be imposed as permitted by law. **New York Residents:** This card is not subject to the New York State Banking Law (Section 160) which prohibits advertising of credit card rates fees and grace periods. **New York State Banking Department 1807-AR-2006:** Ohio Residents: The Ohio laws against discrimination require that all credit card products be available to all individuals who apply for credit, and that the credit card application not be subject to a credit review or a creditworthiness determination. The Ohio law rights apply to an individual who is not a member of a bona fide organization. **Wisconsin Residents:** No provision of a bona fide agreement, association, statute or under section 766.59 or a court decision under section 766.70 affects this. This is one method of compliance to the time the credit is provided. We are furnished a copy of the agreement, statement or decree or have actual knowledge of the provision of law when the application is used.

**Simplified Line of Credit Application**

Terms and conditions as of April 1, 2015

These terms and conditions are accurate as of April 1, 2015, but may have changed after that date. You can always find out the most current terms by contacting us at: Compass Bank, P.O. Box 2210, Decatur, AL 35699, or 1-800-239-5175

Interest Rates and Interest Charges	
Annual Percentage Rate (APR)	<b>9.24% to 23.74%</b> based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
Paying Interest	We start charging interest on the transaction date. There is no way to avoid interest.
Fees	
Transaction Fees	<ul style="list-style-type: none"> <li>• Advance Fee: Either \$10 or 3% of the amount of each advance, whichever is greater</li> </ul>
Penalty Fees	<ul style="list-style-type: none"> <li>• Late Payment: \$39</li> <li>• Returned Payment: \$25</li> </ul>

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases)

The Simplified Line of Credit may not be available to residents of all states. **California Residents:** Market segment may apply to certain accounts. **Delaware Residents:** Service charges not covered. (Regulation Z) If this card is reported to the U.S. credit bureaus, it may be subject to credit scoring. **Maryland Residents:** Finance charges will be imposed as permitted by law. **Ohio Residents:** The Ohio laws against discrimination require that all credit card products be available to all individuals who apply for credit, and that the credit card application not be subject to a credit review or a creditworthiness determination. The Ohio law rights apply to an individual who is not a member of a bona fide organization. **Wisconsin Residents:** No provision of a bona fide agreement, association, statute or under section 766.59 or a court decision under section 766.70 adversely affects our credit card application. This is one method of compliance to the time the credit is provided. We are furnished a copy of the agreement, statement or decree or have actual knowledge of the provision of law when the application is used.

**DIRECT DEPOSIT**

Would you like to have your paycheck direct deposited into your:

Checking Account?     Yes     No

Savings Account?     Yes     No

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize \_\_\_\_\_ (name of business) and Compass Bank to automatically direct deposit my payroll check into my account listed above. This authorization will remain in effect until I give written notice to cancel it.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please remember that the data provided herein is for space  
6/1/2014 11:41 AM 11/11/2014 11:41 AM

FOR BANK USE ONLY:    Account # \_\_\_\_\_    Routing # \_\_\_\_\_  
Account # \_\_\_\_\_    Routing # \_\_\_\_\_

# BBVA Compass Overdraft Protection Application

Checking Account #:

**Applicant Information** Please print

First Name (Legal Name Only) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (Legal Name Only) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residential Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence (check one):  
 Rent  Own  
 Time at Current Address  
 Yrs \_\_\_\_\_ Mos \_\_\_\_\_

**PREVIOUS ADDRESS**

Residential Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Joint Applicant Information** (Joint Applicant must reside at same address as applicant.)

First Name (Legal Name Only) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (Legal Name Only) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Joint Applicant Information** (Joint Applicant must reside at same address as applicant.)

First Name (Legal Name Only) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (Legal Name Only) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Joint Applicant Information** (Joint Applicant must reside at same address as applicant.)

First Name (Legal Name Only) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (Legal Name Only) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

You understand that, if this application is signed by two or more applicants, you are applying for joint credit and that each person signing this application will be responsible for the full amount owed to Compass at any time.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature (please do not print) Joint Applicant's Signature (please do not print)

X \_\_\_\_\_ X \_\_\_\_\_  
 Joint Applicant's Signature (please do not print) Joint Applicant's Signature (please do not print)

You, each undersigned applicant, are applying for an overdraft protection line of credit issued by Compass Bank, a bank organized under Alabama law and headquartered in Birmingham, Alabama ("Compass"). By signing below:

- You agree that Compass has the right to obtain a current credit report and other information about you as part of Compass' review of this application and thereafter in connection with any review of your credit line.
- You authorize anyone that Compass contacts about this application or your credit line to furnish the information requested by Compass. Compass has the right to report to consumer reporting agencies information about its transactions and experiences with you.
- You certify that all information provided in this application is true and complete.
- You understand that, if you are approved, you will receive a notice of approval and the amount of your overdraft protection credit line, as well as the Compass Overdraft Protection Agreement and Disclosure Statement governing your overdraft protection credit line. The terms of this credit line are subject to change, as provided in the Overdraft Protection Agreement.
- You agree to the terms included on this application and to be bound by the terms of the Overdraft Protection Agreement, which is governed by Alabama law and applicable federal law; and
- You understand only one Overdraft Protection Line of Credit is permitted per checking account at one time.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature (please do not print) Joint Applicant's Signature (please do not print)

X \_\_\_\_\_ X \_\_\_\_\_  
 Joint Applicant's Signature (please do not print) Joint Applicant's Signature (please do not print)

Terms	
Annual Percentage Rate (APR)	21%
Grace Period for Repayment of Credit Line Balance	There is no grace period in which to repay the balance of your credit line before a finance charge will be imposed.
Method of Computing Credit Line Balance	Daily Balance method (including current transactions)
Annual Fee	None
Minimum Finance Charge	None
Overdraft Protection Fee	\$12.00 (once per day of transactions*)
Late Payment Fee	None
Over-the-Credit-Limit Fee	None

This Overdraft Protection Fee is charged only once for each day on which Compass advances funds from your Credit Line to cover an overdraft in your checking account. This Overdraft Protection Fee is described in the Overdraft Protection Agreement, but is charged under your checking account agreement, which is governed by the laws of the state where Compass maintains your checking account and applicable federal law.

These terms are subject to change. You may write or call us for any changes to the above terms and conditions at Compass Bank, P.O. 2210, Decatur, AL 35699. Phone number 1-800-266-7277. This offer is not available to residents of Iowa, Maine, or Wisconsin, and restrictions may apply in other States. California Residents: Married applicants may apply for separate accounts. Utah Residents: You are hereby notified that a negative credit report reflecting on your credit report may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Delaware Residents: Service charges not in excess of those permitted by law will be charged on the outstanding balance from month to month. Ohio Residents: The Ohio law against discrimination requires that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Maryland Residents: Finance charges will be imposed in amounts or at rates not in excess of those permitted by law.

OFFICE USE ONLY:	COST CENTER:
BRANCH NO.:	TELLER: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE PAYROLL NO.:	LOAN ORIGINATOR NO.:



## 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 the transaction is paid anyway. We may pay items into overdraft under several different circumstances:

1. We have standard overdraft practices that may apply to your account.
2. We also offer overdraft protection plans, such as a link to a savings account or an overdraft protection line of credit, which may be less expensive than fees that apply to standard overdraft practices for your account. To learn more, ask us about these alternative arrangements and other services that can help you manage your account.

This notice explains our standard overdraft practices.

### What are the standard overdraft practices that come with my account?

We may, in our discretion, authorize and pay overdrafts for the following types of transactions: (i) checks and other transactions made using your checking account number; and (ii) automatic bill payments. \*

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below): (i) ATM transactions; and (ii) everyday debit card transactions. If we do not authorize and pay an overdraft, your transaction will be declined.

We pay overdrafts at our discretion, which means we do not promise or guarantee that we will always authorize and pay any type of transaction.

### What fees will I be charged if BBVA Compass pays a transaction into overdraft?

We will charge you an "NSF Charge - Paid Item" fee of \$38 each time we pay a transaction into overdraft. There is a maximum of six (6) NSF fees that may be charged per calendar day.

Also, if your account becomes overdrawn and continues with a negative balance for ten (10) consecutive calendar days, an extended overdraft fee of \$25 will be charged. An additional \$25 extended overdraft fee will be charged if the ending daily balance in your account remains negative for twenty (20) consecutive calendar days.

### What if I want BBVA Compass to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 1-800-COMPASS, complete the form below and present it at a branch or you may opt-in through BBVA Compass Online Banking. Otherwise, BBVA Compass will not, in most cases, authorize and pay overdrafts on your ATM and everyday debit card transactions.

What if I want to change my opt-in/opt-out choice?

You may change your choice by visiting a branch, calling 1-800-COMPASS or you may change your choice through BBVA Compass Online Banking. Any requested change may be subject to processing time and may not be made immediately.

-----  
ATM and Everyday Debit Card Transactions (please check one):

I want to opt-in to BBVA Compass' standard overdraft practices and want BBVA Compass to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I want to opt-out of BBVA Compass' standard overdraft practices and do not want BBVA Compass to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

\*If you do not want BBVA Compass to authorize and pay overdrafts arising from checks and other transactions made using your checking account number and from automatic bill payments, please call 1-800-COMPASS or visit BBVA Compass Online Banking. When these items are declined or returned due to insufficient available funds in your account, we will charge you an "NSF Charge-Return Item" fee of \$38 each time we return an item for insufficient funds.



# BBVA Compass

## BBVA Compass ClearBenefits Membership Enrollment Form

Checking Account Number:

Primary Accountholder

Checking Account Number

Date of Birth

Home Address

City

State

Zip code

Email Address

### For BBVA Compass Bank Use Only

Cost Center

Enrollment Date (Date of Customer Enrollment)

Individual Account

Employee Account

Routing/Transit No.

(Five Digit loan originator number or five digit officer number)

#### Instructions:

- ✓ Ask customer to sign both copies of the enrollment form.
- ✓ Please fax form with a bar code to Documentation at 205-524-1879
- ✓ Customer must receive a copy of the Enrollment Form and the Membership Terms & Conditions.

### Membership Agreement *(Please read this carefully before signing)*

By signing below, the Primary Accountholder provided above acknowledges receipt of and agreement to the Membership Terms & Conditions ("Terms & Conditions") and acknowledges receipt of and agreement to the terms of this Enrollment Form and the Beneficiary Designation Form, including without limitation, the applicable monthly Membership Fee (as defined below) and any announced changes in fees or services. The Primary Accountholder provided above will be the member ("Member") in the BBVA Compass ClearBenefits Program (the "Program"). This Program includes a \$10,000 24 Hour Accidental Death & Dismemberment Insurance Benefit as described in the insurance certificate that will be provided in the Enrollment Kit. Only the Primary Accountholder receives the Accidental Death & Dismemberment Insurance Benefit and the \$25,000 ID Theft Insurance Benefit. Receipt of all other program benefits is based on legal dependents of the Member, as further described in the Terms & Conditions.

Membership in the Program and, except as otherwise provided in the Terms & Conditions, all benefits offered therein will become effective when this Enrollment Form is signed and presented

to BBVA Compass. Unless membership is discontinued, it will automatically continue for the applicable monthly Membership Fee, debited from your checking account by BBVA Compass. If you decide at any time for any reason not to continue, membership may be terminated by any owner of the checking account by calling 1-800-251-2311 or visiting a BBVA Compass banking center. As the signer of this membership enrollment, Primary Accountholder is enrolled as a member of American Advantage Association ("AAA"). AAA is not owned by or an affiliate of BBVA Compass. Membership benefits, including the insurance benefits, will end on the first day of the month following failure to pay any required monthly Membership Fee or termination of membership or the policy. For complete terms and conditions of the Accidental Death & Dismemberment Insurance review the Description of Coverage document included in the Enrollment Kit.

By signing below, Primary Accountholder authorizes BBVA Compass to debit the BBVA Compass checking account referenced above ("Account") directly or by electronic debit for the \$ monthly membership fee ("Membership Fee"). A portion (\$0.24) of the monthly Membership Fee, if applicable, will be used to pay the insurance premium to Federal Insurance Company. The Account will be debited monthly for the Membership Fee. Such debit will appear on the monthly checking account statement for the Account. If the Account becomes dormant or inactive, the pre-authorized deduction of membership dues from the Account may be terminated. Member agrees to any applicable monthly Membership Fee and any announced changes in fees or services. Please visit - [www.bbvacompass.com/clearbenefits](http://www.bbvacompass.com/clearbenefits) for complete details about the Program benefits.

**Benefits of the ClearBenefits Program are available to U.S. residents only.**

MEMBER SIGNATURE: \_\_\_\_\_

BBVA Compass ClearBenefits Program and benefits provided thereunder are provided and/or administered by International Marketing and Administration Company ("IMAC"). IMAC is not an affiliate of BBVA Compass. Specific Benefits may be provided by participating third party vendors.

Insurance is Underwritten by FEDERAL INSURANCE COMPANY, a member insurer of the Chubb Group of Insurance Companies. Actual coverage is subject to the language of the policy as written. Policy #990752-97. Exclusions and limitations apply. Chubb, Box 1615, Warren, NJ 07061-1615.

Cellular Telephone Protection coverage is underwritten by Indemnity Insurance Company of North America.

Insurance Products:

ARE NOT DEPOSITS	ARE NOT FDIC INSURED
ARE NOT BANK GUARANTEED	MAY LOSE VALUE
ARE NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	

BBVA Compass is a trade name of Compass Bank, a member of the BBVA Group. Compass Bank, Member FDIC.