

**Fleet Payroll Card  
Account Application and Signature Card**

Negotiable Order of Withdrawal (NOW) Checking/Debit Card  
Please print in black or blue ink and provide all requested information



**Transportation Alliance Bank**  
A Flying J Financial Services Company

Company Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

<input type="checkbox"/> Payroll/Company Driver	<input type="checkbox"/> Settlement/Contractor	<input type="checkbox"/> Driver ID: _____
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**Applicant Primary Account Holder**

First Name	Middle Initial	Last Name
Social Security Number	Driver's License Number	State Expiration (Mo/Day/year)
(Please provide a legible copy of your driver's license unless prohibited by law)		
Physical Address	City	State Zip
Mailing Address (if different than Physical Address)	City	State Zip
Home Phone	Mobile Phone	Frequent Fueler Number
Email Address	Occupation	
Security Code Word*	Date of Birth ( Mo/Day/Year)	

\* Please provide a unique code word/password as an added security feature to protect your account access. You will be required to provide your Security Word to verify your identity when calling customer service.

Place of Birth State and Country

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Are you a U.S. citizen or permanent U.S. resident?  
 Yes  No If no, please call so we can send you the W-8BEN form you will need to complete.

**Co-Applicant Joint Account Holder**

First Name	Middle Initial	Last Name
Social Security Number	Driver's License Number	State Expiration (Mo/Day/year)
(Please provide a legible copy of your driver's license unless prohibited by law)		
Physical Address	City	State Zip
Mailing Address (if different than Physical Address)	City	State Zip
Home Phone	Mobile Phone	Frequent Fueler Number
Email Address	Occupation	
Security Code Word*	Date of Birth ( Mo/Day/Year)	

\* Please provide a unique code word/password as an added security feature to protect your account access. You will be required to provide your Security Word to verify your identity when calling customer service.

Place of Birth State and Country

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Are you a U.S. citizen or permanent U.S. resident?

Yes  No If no, please call so we can send you the W-8BEN form you will need to complete.

By signing this application, I/we agree that all information is accurate. I/We certify that all the information provided is true and complete. I/We authorize Transportation Alliance Bank to gather whatever information it considers necessary and appropriate in the evaluation of this application and the subsequent maintenance and review of any account opened following this application. I/We authorize Transportation Alliance Bank to verify this information by any means, including but not limited to preparation of a credit report by a credit reporting agency. I/We certify that I/we are at least 18years of age. I/We understand that the above account is an account issued by Transportation Alliance Bank.

**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 person who opens an account. What this means for 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.

Under penalties of perjury, I certify that : (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and** (2) That I am not subject to backup withholding either because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Citizen (including a U.S. Resident Alien). If you are not a U.S. Citizen or Resident please complete and enclose a W-8BEN form. **The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

**(If you are subject to backup withholding, check this box and initial here)**\_\_\_\_\_

Primary Account Holder Signature

Date:

**(If you are subject to backup withholding, check this box and initial here)**\_\_\_\_\_

Co-Applicant Joint Account Holder Signature

Date:

Please fax the completed application to:  
**801-395-8670**

Or you can mail the completed application to:  
Transportation Alliance Bank  
Attn: New Accounts  
PO Box 150210  
Ogden, UT 84415-9912

FOR INTERNAL USE ONLY	
Account Number	Customer ID

For assistance call:  
**800-215-7128**