

Return to:

Return this form with any attached documents to us in your Secure Messages.  
Once you log in, choose Email / Bank Accounts / Send a New Secure Message.

You can also mail or fax it.

**Mail**

Ally Bank  
PO Box 951  
Horsham, PA 19044

**Fax**

Subject Line: Operations  
Fax Number: 866-699-2969

# POWER OF ATTORNEY INFORMATION SHEET



Use this form to:

Submit a Power of Attorney to enable your attorney-in-fact to conduct banking transactions on your behalf.

Instructions:

- Customer, complete Section 1
- Attorney-in-Fact, complete Sections 2 and 3. We will use the information in Section 2 to verify the identity of the attorney-in-fact when he or she conducts a transaction on the customer's behalf. Send this completed form and the Power of Attorney document using one of the options listed on the return instructions page.

## Customer Information

FIRST NAME M.I. LAST NAME / SUFFIX (JR., SR. III, ETC)  
SOCIAL SECURITY NUMBER DATE OF BIRTH

**The attached Power of Attorney will apply to:** all of my accounts only to account number(s):

## Power of Attorney Information

To help the United States government fight terrorism and money laundering, federal law requires us to obtain, verify, and record information that identifies each person who is an owner of an account. We will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number. We may also ask to see your driver's license or other identifying documents that will allow us to identify you.

We only open accounts for legal U.S. residents. By signing and submitting this application, you are acknowledging that you are a U.S. citizen or resident alien of the U.S.

If you have a freeze on your credit as a feature of credit security monitoring, we may contact you to lift the freeze temporarily to verify your identity.

You authorize us to contact you by using any telephone number you provide to us, including a mobile or cell phone number that you are authorized to use. In addition to manual calling, we may use text messages, prerecorded or artificial voice messages, or automatic dialing systems. We will not charge you for any contact, but your mobile phone service provider may.

I am an existing Ally Bank account owner and would like to use my information already on file.  
(Please complete only Name, Social Security Number, and Date of Birth information below.)

### Power of Attorney Information

FIRST NAME M.I. LAST NAME / SUFFIX SOCIAL SECURITY NUMBER DATE OF BIRTH  
OCCUPATION EMPLOYER  
EMAIL ADDRESS HOME PHONE BUSINESS PHONE (OPTIONAL) MOBILE PHONE (OPTIONAL)  
RESIDENTIAL STREET ADDRESS (NO PO BOXES) MAILING STREET ADDRESS (IF DIFFERENT THAN RESIDENTIAL)  
RESIDENTIAL ADDRESS LINE 2 (OPTIONAL) MAILING ADDRESS LINE 2 (OPTIONAL)  
RESIDENTIAL CITY STATE ZIP MAILING CITY STATE ZIP

**Ally Bank Member FDIC**

QUESTIONS? CALL 1-877-247-2559 OR VISIT ALLY.COM

UPDATED 08/2019

# POWER OF ATTORNEY INFORMATION SHEET



## Power of Attorney Information (continued)

**Provide a prior residential address if the applicant has been at the above address for less than 5 years. In addition, provide a copy of one of the following for address verification: Driver's License, State Issued ID Card or Utility Bill (not greater than 60 days).**

RESIDENTIAL STREET ADDRESS (NO PO BOXES)	RESIDENTIAL CITY	STATE	ZIP
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**Security Information:** Provide a security question with answer and mother's maiden name that may be used to identify you when contacting us.

SECURITY QUESTION	SECURITY ANSWER	MOTHER'S MAIDEN NAME
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## Account Agreement

### Acceptance of Terms and Conditions

By signing below, you agree to the terms of the Ally Bank Deposit Agreement. We reserve the right not to accept the Power of Attorney if (1) we conclude that the Power of Attorney does not grant authority to act with respect to deposit accounts, or (2) we cannot verify the identity of the attorney-in-fact.

PRIMARY ACCOUNT HOLDER'S SIGNATURE	DATE	ATTORNEY-IN FACT'S SIGNATURE	DATE
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