


# POWER OF ATTORNEY (ATTORNEY-IN-FACT) INFORMATION SHEET



Return this form using one of these methods:

 **Online**

Log in at ally.com and select Email, or log in on the Ally Mobile app and select  . Attach the form to your message.

**Mail**

Ally Bank  
PO Box 951  
Horsham, PA 19044

 **Fax**

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

Use this form to:

Submit a Power of Attorney document to enable your Attorney-in-Fact to make banking transactions for you.

Instructions:

Customer,

- Complete the Customer Information section
- Complete and submit the formal Power of Attorney document along with this form

Attorney-in-Fact,

- Complete the Attorney-in-Fact Information section. We'll use this information to verify the identity of the Attorney-in-Fact when he or she makes a banking transaction for you.
- Complete the Account Agreement - Acceptance of Terms and Conditions section. Keep in mind that only the Attorney-in-Fact's signature is required.

Customer Information

FIRST NAME

M.I.

LAST NAME / SUFFIX

SOCIAL SECURITY NUMBER

DATE OF BIRTH

The attached Power of Attorney will apply to:

all of my accounts

only to account number(s):

Important Notifications

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 opens an account. What this means for you: We will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number or Individual Taxpayer Identification Number (ITIN). 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 U.S. citizens and current U.S. residents. By signing and submitting this application, you are acknowledging that you are a U.S. citizen or current resident 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.

Both customer and Attorney-In-Fact 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.

# POWER OF ATTORNEY (ATTORNEY-IN-FACT) INFORMATION SHEET



## Power of Attorney Information

I am an existing Ally Bank account owner, or anyone acting on behalf of an owner and would like to use my information already on file.  
(Complete only Name, Social Security, Date of Birth, Occupation and Employer information below.)

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

**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
-------------------	-----------------	----------------------

## 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.

By signing below, both customer and Attorney-in-Fact 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 doesn't grant authority to act with respect to deposit accounts, or (2) we can't verify the identity of the Attorney-in-Fact.

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