Application and Member Information

Account No. _____

Member Name _____

Street _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Joint Owner Information (If applicable)

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone _____ Work Phone _____

I/We request the following services (please mark):

☐ Debit Card ☐ Audio Response

☐ Online/PC EFT's

By checking the boxes above and signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfers Agreement.

X

SIGNATURE OF MEMBER DATE

X

SIGNATURE OF JOINT OWNER DATE

For Credit Union Use Only:

Approved By _____ Member Verification _____

Access Card _____ PIN Requested _____

Please return APPLICATION to the Credit Union