

## 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):*

ATM Card

Debit Card

Mother's Maiden Name \_\_\_\_\_

Audio Response

Home Banking

Bill Payment

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 detach and return APPLICATION to the Credit Union*