

**Application and Member Information**

Account No. \_\_\_\_\_

Member Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_

**Joint Owner Information (If applicable)**

Joint Owner \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_

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

- Debit/ATM Card
- Home Banking
- Electronic Bill Pay

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*