

APPLICATION AND MEMBER INFORMATION

Account # _____
Member Name _____
Street _____
City/State/Zip _____
Phone _____

JOINT OWNER INFORMATION (IF APPLICABLE)

Joint Owner _____
Street _____
City/State/Zip _____
Phone _____

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

- ATM Card
- Debit Card
- 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 Funds Transfer Agreement.

Member's Signature

Date

Joint Owner's Signature

Date

FOR CREDIT UNION USE ONLY:

Approved By: _____