



## Electronic Services Access

**Request for access via:** Online \_\_\_\_\_ Audio Response (A/R) \_\_\_\_\_ Bill Pay \_\_\_\_\_  
*(Please initial each that apply)*

Account # \_\_\_\_\_ A/R PIN \_\_\_\_\_ ; \_\_\_\_\_ A/R PIN \_\_\_\_\_  
*(Additional account numbers may be listed on this application ONLY if all joint ownership is the same. A separate application is required for accounts with different ownership.)*

**Primary Member Information:**

Please list email address for account. \_\_\_\_\_

Name	Address	Home Phone	Cell	Username

**Joint Member Information:**

Please list email address for account. \_\_\_\_\_

Please list email address for account. \_\_\_\_\_

Name	Address	Home Phone	Cell	Username

The credit union will set up your initial password using a temporary pin for online access.

*By signing this form, you certify that the information on this application is complete, true and submitted for the purpose of obtaining online account access, online Bill Paying Services, and/or Audio Response access.*

*That you have received a copy of the Credit Union's EFT policy/disclosure or have read it on the credit union website and agree to the terms of the EFT agreement.*

*Receipt of the applicable fee schedule and consent to the fees disclosed and as may be amended by the Credit Union periodically.*

*That you agree to receive your monthly statements electronically –NO PAPER STATEMENTS WILL BE MAILED TO YOU.*

\_\_\_\_\_  
 Primary Member Signature Date

\_\_\_\_\_  
 Joint Member Signature Date