

**MEMBERS 1ST CREDIT UNION
ELECTRONIC FUNDS TRANSFER AGREEMENT APPLICATION**

APPLICATION AND MEMBER INFORMATION:

ACCOUNT NUMBER: _____
MEMBER NAME: _____
STREET: _____
CITY/STATE/ZIP _____
HOME/CELL PHONE: _____
WORK PHONE: _____
EMAIL: _____

JOINT OWNER INFORMATION (IF APPLICABLE)

ACCOUNT NUMBER: _____
MEMBER NAME: _____
STREET: _____
CITY/STATE/ZIP _____
HOME/CELL PHONE: _____
WORK PHONE: _____
EMAIL: _____

I / WE REQUEST THE FOLLOWING SERVICES (PLEASE MARK):

- DEBIT CARD
- AUDIO RESPONSE
- ONLINE / PC EFT

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.

SIGNATURE OF MEMBER

DATE

SIGNATURE OF JOINT OWNER

DATE

FOR CREDIT UNION USE ONLY:

APPLICATION TAKEN BY: _____

DATE: _____

SET UP:

DEBIT CARD SET UP BY: _____

DATE: _____

AUDIO RESPONSE SET UP BY: _____

DATE: _____

ONLINE /PC EFT SET UP BY: _____

DATE: _____