



(936) 829-1616 ~ Fax: (936) 829-1122

### Electronic Funds Transfer Application

#### Application and Member Information

Account No. \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Card #: \_\_\_\_\_

#### Joint Owner Information (if applicable)

Joint Owner \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Card #: \_\_\_\_\_

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

ATM Card  Checking & Savings

Debit Card & **Opt In/Out Form**  Checking only

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. **DC OPT IN/OUT FORM!**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

FOR CREDIT UNION USE ONLY: Approved by: \_\_\_\_\_

Mailed letter: \_\_\_\_\_ Ordered by: \_\_\_\_\_

Flag 26 (ATM) \_\_\_\_\_ Flag 31 (Debit) \_\_\_\_\_

DC Opt In form Flag 3 (In) \_\_\_\_\_ on Sfx 00 \_\_\_\_\_ & Sfx 71 \_\_\_\_\_

Flag 66 (Out) \_\_\_\_\_ on Sfx 71 \_\_\_\_\_