



Electronic Services Application

Member Number:

Member Name:

Street Address:

City, State, Zip:

Home Telephone:

Social Security Number:

Email Address:

Primary Member's Mother's Maiden Name:

Savings ID(s):

Checking ID(s):

LOC ID(s) (Debit Card Only):

PAT

ATM

DEBIT CARD

IMMEDIATE ATM CARD – Send to Branch

IMMEDIATE ATM CARD – Send to Member

PAT PIN NUMBER:

ATM/DEBIT PIN #

LIST ANY EXISTING CARDS TO BE CLOSED:

Issue Card For:

Member Joint Owner Both (*Both signatures required*)

I/We agree to be bound by the terms of the appropriate account agreements and disclosures which have been provided to me/us. I authorize the Credit Union to obtain any normal source of credit information necessary. I acknowledge that I and any joint owners have access to all accounts, whether share account or loan account, individual account or joint account under a designated member number through use of my PIN in the Premier Access Teller system (PAT).

Signature of Member

Date

Signature of Member

Date