

OFFICE USE ONLY:

Received by: _____
Date: _____

**UNITED SOUTHEAST FEDERAL CREDIT UNION
Electronic Account Access Application**

Acct # _____
 @accessUS (Internet Account Access)
 STAR (Simple Telephone Audio Response)
STAR PIN: _____ (numeric)
(Please fill in the 4 digit PIN of your choice.)

OFFICE USE ONLY:
Card # _____
Card # _____
Completed by: _____
Account IDs: _____

Please print the following information. If information is not correctly completed or not legible, this may delay your application.

Member Name: _____ Social Security # _____ Date of Birth _____ Drivers License # _____
Joint Owner Name: _____ Social Security # _____ Date of Birth _____ Drivers License # _____
Mailing Address: _____ Apartment or PO Box # _____
City, State, Zip _____ Phone: Home _____ Work _____
Primary Email Address: _____ Secondary Email Address: _____
Account Numbers to Access: _____

NOTE: All accounts for which access is being requested have the same ownership. If discovered to be different, only those accounts with the same ownership will be allowed access.
Monthly Service Charge: The first 10 ATM transactions each month will be exempt from any credit union imposed fees. After the 10th transaction, you will be assessed a small fee.

If this request is for re-issuance of an ATM Card, Visa Debit Card or Personal Identification Number (PIN), I understand that I will be assessed a fee. Reason for request: _____
I agree that my use of the services selected above will be governed by the Electronic Funds Disclosure Agreement and other agreements which I have received and read.

Member Signature _____ Date _____ Joint Owner Signature _____ Date _____