DuPont Fibers
Federal Credit Union

Home Banking and Audio Response Enrollment Form — 24 hour access to your accounts

Please bring to any Member Center or mail to: DFFCU P.O. Box 72, Chesterfield, VA 23832

DFFCU@Home is your home banking service that gives you free, secure online access to your accounts.
TransAct is our audio response service that gives you free, secure account access by phone.

☐ I want to sign up for both **DFFCU@Home** and **TransAct.**

☐ I want to sign up for **DFFCU@Home,** and currently have a PIN for **TransAct.**

☐ I want to sign up for **TransAct** only.

Name: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____

Home Phone: _____ E-mail Address (Home): _____

Work Phone: _____ E-mail Address (Work): _____

IMPORTANT INFORMATION ABOUT YOUR PIN:
Remember your **DFFCU@Home** PIN will always be the same as your **TransAct** PIN. The Credit Union will mail you a letter to confirm that you have been enrolled. If you currently have a PIN for **TransAct,** you will use the same PIN for **DFFCU@Home.** If you do not have a PIN for **TransAct,** then it will be provided in the confirmation letter.

By signing below, 1) I will be bound by the terms and conditions fo our Electronic Funds Transfer agreement and Disclosure (Reg. E), which the Credit Union may amend from time to time. 2) I understand that my PIN# and password can be used to withdraw funds from the account(s) and that I must safeguard these codes. I authorize the Credit Union and its agents to follow any instructions transmitted by use of these codes, and I agree to be bound thereby. 3) I understand that anyone with whom I share my PIN# and password shall be considered an Authorized User.

_____ _____
Member's Signature Date

_____ _____
Joint Owner's Signature Date

OFFICE USE ONLY
Date: _____ Employee initials: _____

Establishing Transfer Authorization
In order to set up your account for transfers to a different account number, we ask that you establish proper authorization by completing the section below.

From Account #

To Account #	To Account #

_____ _____
Member's Signature Date

_____ _____

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