

OFFICE USE ONLY:

Received by: _____
Date: _____

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

- ATM Card
- Visa Debit Card
- QuickPay* (Online Bill Payment)
- E-Statements
- 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: _____

QuickPay

I desire to subscribe to the services and authorize United Southeast Federal Credit Union, and any third party acting on my behalf, to serve as my agent in processing payments to targeted merchants and/or transfers to and from targeted accounts pursuant to my payment and/or transfer instructions, and I authorize USFCU to post such payment and/or transfer to my designated account. I understand that we may not make certain payments and/or transfers if sufficient funds are not available in my designated account. This authorization is in force until revoked by myself or USFCU and is subject to the **Service Terms and Conditions**. I understand that a service fee will be deducted from the share draft account listed above on the fifth business day of each month if I do not pay at least one bill per month. I also understand that payments take at least five business days to reach the payee, and that payments may be made electronically or by mail.
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 _____