

Office Use Only:

United Southeast Federal Credit Union

Received By: _____

Electronic Account Access Application

Date: _____

Account # _____

ATM Card(s) @ccessUS Username: _____

NOTE: IDs can consist of letters and numbers. The ID must begin with a letter and be between 4 and 12 characters.

Debit Card(s) STAR & STAR PIN _____ (Please fill in the 4 digit PIN of your choice.)

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

Member Name: _____ Social Security # _____ Date of Birth: _____ Drivers License # _____

Mailing Address: _____ Apartment or PO Box # _____

City, State, ZIP: _____ Phone: Home: _____ Work: _____

Primary Email Address: _____

_____ Member Signature _____ Date

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.

NOTE: It is your responsibility to change your password when removing a joint owner from the account if you have given them access to @ccessUS or STAR.

I agree that my use of the service selected will be governed by the Electronic Funds Disclosure Agreement and other agreements which I have received and read.

All accounts for which access is being requested have the same ownership. If discovered different, only those accounts with the same ownership will be allowed access.

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.