

# Application for Internet Banking, Bill Pay and E-Statements

Account No. \_\_\_\_\_

Member Name: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We request the following services (please mark):

Internet Banking / Bill Pay

E-Statements

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

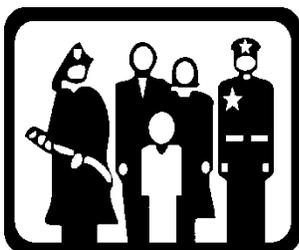
Joint Owner: \_\_\_\_\_

Date: \_\_\_\_\_

I have received a copy of San Angelo Federal Credit Union's Electronic Statement Consent Agreement.

Please complete and return to the credit union. The credit union will set up your account for the above requested service.

If you have questions, please call the office at (325) 653-8320.



**San Angelo Federal Credit Union**

**235 West 1st St.  
San Angelo, TX 76903**