

Application for Internet Banking and Bill Pay

Account No. _____

Member Name: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Joint Owner: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

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

- Internet Banking
- Bill Payment

Member's Signature: _____

Date: _____

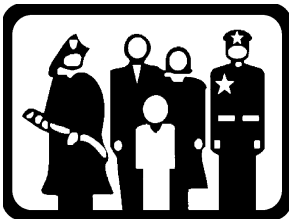
Joint Owner: _____

Date: _____

Email: _____

- Yes No If you want to use the same PIN for both internet banking and audio response, please indicate by checking Yes.

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