MAUI COUNTY
FEDERAL CREDIT UNION

Application and Member Information

Account No. _____

Member Name _____

SSN _____ Email _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Joint Owner Information (If Applicable)

Joint Owner _____

SSN _____ Email _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

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

☐ ATM Card

By checking the boxes above and signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and accounts(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

_____

Member's Signature Date

_____

Joint Owner Date

For Credit Union Use Only:

Approved By _____ MMN _____

Ordered By _____ Activated By _____