



# Online Access | E-Statement Debit Card | Initial Check Request Form

Date \_\_\_\_\_

Account Name \_\_\_\_\_ Member # \_\_\_\_\_

I / WE REQUEST THE FOLLOWING:

- ONLINE ACCOUNT ACCESS
- E-STATEMENTS (With this option, your Monthly/Quarterly statements will be emailed only)

Email address \_\_\_\_\_  
*Required for Online Access & E-Statements*

Password ( **6-10 characters** ) \_\_\_\_\_

DEBIT / ATM CARD REQUEST                      NUMBER OF CARDS REQUESTED \_\_\_\_\_

Name on Card \_\_\_\_\_ Cellphone \_\_\_\_\_

Name on Card \_\_\_\_\_ Cellphone \_\_\_\_\_

*\*Cellphone numbers are required and are used to contact you if there is any question of fraudulent charges.*

INITIAL CHECK ORDER ( 50 Free duplicate checks with an account opening )

Please indicate what information you wish to see printed on your checks ( name, address, ph # - MAX 5 lines )

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