



Temple-Inland Federal Credit Union

109 N Temple Dr. ~ Diboll, TX 75941

(936) 829-1616 ~ 1-877-829-1616

Fax: (936) 829-1122

Electronic Funds Transfer Application

Application and Member Information

Account No. \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

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

Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner Information (if applicable)

Joint Owner \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

ATM Card  Checking & Savings

Debit Card  Checking only

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 account(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: \_\_\_\_\_ Member Verification \_\_\_\_\_

Access Code: \_\_\_\_\_ PIN Requested \_\_\_\_\_