



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: _____ Ordered by: _____

Mailed letter: _____