

Angelina Federal Employees
Credit Union

Online Banking

Application

By signing below, I authorize the Credit Union to enable Online Banking service on my account designated below. I understand that the protection of my password is my responsibility, and I will safeguard my password.

Primary Member Information:

Name: _____

Social Sec. #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone (Hm): _____

Phone (Wk): _____

Acct # to be accessed: _____

Email Address: _____

Mother's Maiden Name: _____

Member Signature

Date: _____ / _____ / _____