



AUDIO RESPONSE/ONLINE ACCOUNT ACCESS

Member Name: _____

Email Address: _____ Member Acct #: _____

I will be accessing my accounts via Audio Response Yes ___ No ___ Disable ___

I will be accessing my accounts via Online Account Access Yes ___ No ___ Disable ___

(Only accounts under this Member account number may be accessed. If you wish to transfer to other member accounts please complete the "List of Accounts to Transfer to" form below).

I agree to be bound to all terms and conditions governing electronic transactions as outlined in the Electronic Funds Transfer Disclosure.

Member Signature: _____ Date: _____

Newygo County Service Employees Credit Union will provide the EFT Disclosure to you. Changes to the EFT Disclosure will be provided to you in a timely manner.

LIST OF ACCOUNTS TO TRANSFER **TO**

Member Name: _____ Member Account #: _____

Member Name: _____ Member Account #: _____

Member Name: _____ Member Account #: _____

Member Name: _____ Member Account #: _____

I hereby request permission to transfer funds from my member account to the accounts listed above. I agree to abide by the rules and regulations of Newygo County Service Employees Credit Union as they pertain to all deposit accounts, Audio Response and Online Account Access, which may be subject to change.

Member Signature: _____ Date: _____