



Request for Services

I/We agree that the changes noted on this Card amend, as indicated, previously signed forms. I/We certify that the information on this Card is complete and true and that I/We agree to the terms and conditions of the membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein.

I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund transfers Agreement and Disclosure.

MTFCU Member # :

Name

Address

City State Zip Code

Home Ph #

Work Ph#

Email Address:

How did you hear about this enrollment

- Newsletter
- Email Notification
- MTFCU Website
- Employee Referral

Please check the box in front of the services you would like to enroll:

- Netbranch - Home Banking
- Mobile Banking
- Electronic Bill Pay
- Shared Account Access
- eStatements

Please print, sign and fax completed form to:
Houston Office 713-681-2114
Stephenville Office 254-968-4687

Signed By _____

Current Date

Processed By: _____ / Tlr #: _____