



**Application and Member Information**

Account No. \_\_\_\_\_  
Member Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Joint Owner Information (if applicable)**

Joint Owner \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

- ATM Card / Debit Card
- Audio Response (Sybil)
- Home Banking (Perfect Teller)
- Electronic Statements

Email Address \_\_\_\_\_

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

Please complete this form, sign and return to:  
**Central Soya FCU, 1200 N 2nd Street, Decatur, IN 46733**  
**Fax (260) 724-1325**