

HOME BANKING APPLICATION

I am requesting to participate in the Southland Federal Credit Union home banking program.

Account # _____ E-mail _____

SS # _____ DOB ____/____/____

Name (*please print*) _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____

Cell phone _____

Signature _____ Date _____

Please fax this application to 936-639-9854 or drop it off at either one of our two office locations for processing. We will contact you within 1 business day after receipt of your application. If you have not heard from us please contact us at 936-639-2311 ext. 222 or e-mail us at info@southlandfcu.com

Credit Union Use Only

CompuSource System updated to allow member account number above to use HOME BANKING;

Member contacted and provided with user account number and temporary password;

Member provided with contact information should they have any problems;

CompuSource System updated with member e-mail and cell phone information;

Processed by [_____] Teller number [_____] Date _____