## Fortress Federal Credit Union Electronic Funds Transfer Agreement

## **Application and Member Information**

Account No		
Member Name:	Join	t Name:
Street:		et:
City/State/Zip:	City	/State/Zip:
Home Phone:		ne Phone:
Work Phone:	 Wor	k Phone:
SSN:	SSN:	
Date Of Birth:	Date	Of Birth:
Employer Name:		yer Name:
	certify that the	information on this application is complete, true, and
		requested. If approved for the requested electronic funds he terms of the Electronic Funds Transfer Agreement.
Member Signature	Date	
Joint Signature	Date	
For Credit Union Use Only		Debit Card Limits
Approved By		ATM/POS

Please note this form must be printed, filled out and mailed back to:

Fortress Federal Credit Union 615 N. Western Ave. Marion, IN 46952