



Belong to something better.

Electronic Services Request

Section 1 – Member Information

Account Number: _____ Date: _____
 Individual 1: _____ Role: _____ Individual 2: _____ Role: _____
 Individual 3: _____ Role: _____

Affinity Policy
 Only individuals with signing authority may request electronic access to accounts they have ownership on or access to. Any individuals ordering and/or receiving a Debit or ATM card must sign this request form. If submitting this request via mail, a Personal Identification Number (PIN) for your Debit or ATM card will be randomly generated and mailed to the address on file. *Please provide a copy of valid ID for all signers.* Mail to PO Box 621 Basking Ridge, NJ 07920

24-Hour Account Access Options

Affinity Debit Access Card, ATM Card or Visa Credit Card Check here if for a Health Savings Account (HSA)

New Replacement (\$5.00 card replacement fee applies)

For: Primary Owner Authorized Owner All Owners (*Signatures of owners ordering/receiving card required*)

Type: Debit Access Card ATM Card VISA Card

Link accounts for access: Savings Checking Money Manager

Checking Account Overdraft Protection Option

If there are insufficient funds in your checking account, you may request that we automatically transfer the funds from other like titled Affinity share and line of credit accounts.

Only LIKE TITLED accounts may be accessed for overdraft protection transfer

1)	2)	3)	4)
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Important: 1.) Federal regulations limit electronic withdrawals and transfers from a Savings or Money Manager accounts to six each month. After six electronic withdrawals or transfers in a given month, a fee will apply as specified on Affinity's Schedule of Fees. 2) Advances on your credit line to cover overdraft items will count as a cash advance; interest will begin to accrue the date of the advance, until the loan balance is zero.

Section 2 – Signatures

By signing below, I/we acknowledge I/we have received and read the agreements and disclosures for the accounts and/or services requested, and I/we agree to be bound to the terms and conditions of any account that I/we have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time. I/we understand if not approved for a Debit Access Card, Affinity will process this same application to determine my/our eligibility for an Affinity ATM Card in its place. I/we also understand that Debit Access Card transactions will be withdrawn from my/our Affinity Checking Account and acknowledge receipt of said card (if applicable). If I/we am/are applying for an ATM card, Debit Access Card, Internet Banking or telephone banking, I/we understand and agree that the use of my/our Personal Identification Number (PIN), password or signature to access my accounts by ATM, debit card, Internet Banking and/or telephone banking will be my acceptance of the terms and conditions of the applicable service agreement. By signing below, I/we certify that the information provided is true and complete. I/we authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my/our credit standing.

X _____ X _____
 Member Signature Date Joint Member Signature Date

For Credit Union Use Only

Processing Employee's Name:				Card data verified to Report by:	
Card Issued: <input type="checkbox"/> YES	Date:	Br #:	ID Verified: <input type="checkbox"/> YES	Name:	
Type:	Last 4 digits:				