

PLEASE PRINT, COMPLETE, SIGN, AND MAIL (or drop by)  
El Cajon Federal Credit Union  
266 S Magnolia Ave Ste 101 El Cajon, CA 92020

**INTERNET TELLER AGREEMENT**

I hereby request access to the Internet Teller system for the account I have listed on this application.

I understand that I will not receive a printed receipt with each transaction. All transactions will be listed on my regular statement.

I acknowledge that the Personal Identification Number (PIN) issued to me will be kept personal and confidential. The PIN will act as my signature when used in conjunction with my account number to officially authorize the transaction to be completed. I will take all reasonable precautions to protect my PIN and assume full responsibility for all transactions completed on my account when the correct PIN is used.

I will contact the Credit Union promptly if my PIN is lost or stolen, or if I believe there has been an unauthorized use. I will report such occurrences to the El Cajon Federal Credit Union, 266 S. Magnolia Ave, El Cajon, CA 92020. Telephone 619-579-0941.

I recognize and agree that I will accept any other conditions established by the Credit Union that are necessary to protect the best interest of the Credit Union and to comply with applicable federal and state laws and regulations.

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**Internet Teller Application**

Your Account #: \_\_\_\_\_ Your Name: \_\_\_\_\_ Your E-mail Address: \_\_\_\_\_  
(optional)

I have read and agree to the terms listed in the "Internet Teller Agreement".

X \_\_\_\_\_  
(Applicant's Signature) (Date)

If you have an existing internet/audio PIN with the Credit Union, you will be able to use it on the Internet Teller once your account has been activated by the Credit Union. You are highly encouraged to change any existing PIN to our more secure format. If you do not have an existing PIN, the Credit Union will issue you a temporary one that you will need to change within the Internet Teller. Your new PIN must contain at least one upper case letter, one lower case letter and one number, and a minimum of four (4) characters. For example, (xYz1), (Iam64), or (Me22) would be valid PIN's.

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**Joint Accounts**

List any jointly held accounts that you wish to access via your Internet Teller account.

Owner's Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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**Related Account Authorization**

**Your Account #:** \_\_\_\_\_ **Your Name:** \_\_\_\_\_

List other accounts that you wish to access via your Internet Teller account. All owners of each account must authorize the type of access for each account and suffix by checking either "Yes" or "No" beside each level of access and by signing this agreement. They may authorize each share or loan individually, or write "ALL" for all shares and loans, "ALL SHARES", or "ALL LOANS" on the Suffix line below.

Owners Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owners Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account #: \_\_\_\_\_ Suffix: \_\_\_\_\_

Account #: \_\_\_\_\_ Suffix: \_\_\_\_\_

I hereby authorize the following levels of Internet Teller access to the account(s) listed above.

I hereby authorize the following levels of Internet Teller to the account(s) listed above

	Yes	No
View Balances	<input type="checkbox"/>	<input type="checkbox"/>
View Transactions	<input type="checkbox"/>	<input type="checkbox"/>
Deposit Funds	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw Funds	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
View Balances	<input type="checkbox"/>	<input type="checkbox"/>
View Transactions	<input type="checkbox"/>	<input type="checkbox"/>
Deposit Funds	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw Funds	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I acknowledge that, as owner of the above-referenced account(s), I will be wholly responsible for all transactions on the account(s) consistent with the above-authorized access and agree to hold the Credit Union harmless for any losses I incur due to the Credit Union making this service available. This authorization is to remain in effect until revoked by the Credit Union in its sole discretion or upon written notification from me of its termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it.

x \_\_\_\_\_  
 Owner Signature Date

x \_\_\_\_\_  
 Owner Signature Date

x \_\_\_\_\_  
 Owner Signature Date

x \_\_\_\_\_  
 Owner Signature Date

x \_\_\_\_\_  
 Owner Signature Date

x \_\_\_\_\_  
 Owner Signature Date