

Remote Services Application



*federal credit union



Member Name *(Required)*

Address

City, State Zip

Email Address *(Required)*

Home Phone

Evening Phone

Account Number

Mothers Maiden Name *(Required)*



- Yes! Please sign me up for PFCU's Internet Home Banking!
- No, Thank You I am not interested in Internet Home Banking at this time



- Yes! Please sign me up for PFCU's Internet Bill Pay(Requires Checking Account)
- No, Thank You I am not interested in PFCU's Internet Bill Pay at this time



- Yes! Please sign me up for PFCU's MOM Telephone Banking
- No, Thank You I am not interested in PFCU's MOM Telephone Banking at this time,



By signing below, you authorize PFCU to enroll your account in the services you selected above and agree with the terms and conditions of the PFCU Electronic Funds Transfer Disclosure. A copy of this disclosure is available on our website at www.picacreditunion.com.

Member Signature

Date