FAIRPORT FEDERAL CREDIT UNION

ACCOUNT ENHANCEMENTS

Member #		Draft Account#

PERSONAL INFORMATION

Applicant's Name (Last, First Middle)		Co-Applicant's Name (Last, First Middle)	
Home Address (Street)	Years There	Home Address (Street)	Years There
(City, State, Zip)	Home Phone	(City, State, Zip)	Home Phone
E-mail	Cell Phone	E-mail	Cell Phone
Driver's License #	State	Driver's License #	State
Social Security No.	Date of Birth	Social Security No.	Date of Birth
Mother's Maiden Name (for Debit Card Only)		Mother's Maiden Name (for Debit Card Only)	

Please Select Enhancements

_____ **VRU/STARLINE** Date Completed _____

DEBIT CARD

_____ **NEW CARD**

Plastic Only _____
Date Completed _____ Pin Mailed _____
New Card # _____
Completed by _____
$10 Replacement Fee _____
$50 Rush Card Fee _____

_____ **PIN ONLY**

Card # _____
Date Completed _____
Completed by _____

_____ **LIMIT INCREASE**

Card # _____
POS limit $ _____
CNP limit $ _____

Date Increased _____	Date Decreased _____
Completed by _____	Confirmed by _____

_____ **HOT CARD**

Card # _____
Lost _____
Stolen _____
Other/Reason _____
Completed by _____

APPROVED

ONLINE/ACCOUNT SERVICES

_____ **HOME BANKING**

Date Completed _____ Welcome _____
Cross Account Transfer _____
From Account# _____ To Account# _____
From Account# _____ To Account# _____
From Account# _____ To Account# _____
From Account# _____ To Account# _____
e-statement _____

_____ **BILL PAY**

Date Completed _____ Welcome _____
Completed by _____ Confirmed by _____

_____ **PAPER STATEMENT**

Yes _____ No _____
Date Completed _____

Signature: _____

APPROVED

Check Guard-Opt Out

_____ I do not want Fairport Federal Credit Union to authorize and pay overdrafts resulting from share drafts, Electronic Bill Payment and ACH transactions.

Signature _____