



Teamsters Credit Union

Online Banking, Bill Payment, and EZStatements Enrollment Form

Member Information

Member #: _____

First Name: _____ MI _____

Last Name: _____

DOB: _____

SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Joint Member Information

First Name: _____ MI _____

Last Name: _____

DOB: _____

SSN: _____

Please select which service you would like to enroll in:

Online Banking and Bill Pay w/ EZStatements
***Checking Account Required for Bill Pay*

Online Banking w/ EZStatements

By signing below, you authorize Teamsters Credit Union to enroll you in Online Banking, Bill Pay, and/or EZStatements and are bound by the Terms and Conditions of this Agreement and all supporting disclosures.

X _____
Signature of Member Date

X _____
Signature of Joint Member Date

PLEASE COMPLETE AND RETURN THIS FORM TO:

Mail: Teamsters Credit Union
9422 Ulysses Street NE, Suite 140
Blaine, MN 55434

FAX: (763) 267-6306

Your account(s) will be activated and a Welcome Letter will be sent to you by regular mail with log-on instructions to access your account(s).

Thank you for enrolling in Online Banking with Teamsters Credit Union!