Account Number *(Vantage use only)*

VANTAGE CREDIT UNION

ELECTRONIC SERVICES AGREEMENT

Directions: Please print legibly when completing this form. If you have any questions, please call Vantage Credit Union at 314.298.0055 or 800.522.6009.

1. Primary Owner (Member) Information

Primary Member Name	Social Security Number	Date of Birth	Home Phone ( )	Driver's License #

Street Address *(required)*	Apartment Number	City	State	Zip Code

Vantage Credit Union Account Number	Work Phone ( )	Cell Phone ( )	Mother's Maiden Name	e-mail Address

2. Joint Owner Information

Joint Owner/Signer Name #1	Relationship to You	Social Security Number	Joint Owner/Signer Name #2	Relationship to You	Social Security Number

Driver's Lic./State I.D. Number	State	Date of Birth	Mother's Maiden Name	Driver's Lic./State I.D. Number	State	Date of Birth	Mother's Maiden Name

Home Phone ( )	Work Phone ( )	Cell Phone ( )	Home Phone ( )	Work Phone ( )	Cell Phone ( )

3. Services Request

Please select the Vantage Credit Union services you want to open. *(Do not check if you already have the service)*

❑ **Touch Tone Teller (TTT)** allows you to complete account transactions by automated telephone service. This access is account number specific, not owner specific. ***It may be required that you change your TTT Personal Identification Number (PIN) after initial connection with Touch Tone Teller and when necessary to protect your account. Keep this in mind when choosing your initial TTT PIN.***

I select these numbers as my TTT PIN: ____ ____ ____ ____

❑ **Visa® Check Card*** *OR* ❑ **ATM Card** ❑ Primary Owner ❑ Joint Owner #1 OR ❑ Joint Owner #2

❑ **Personal Identification Number (PIN) Request Only:** You already have a Visa Check Card or ATM Card. You are only requesting your PIN to be mailed to the address on record.

Vantage checking account required for this service.

If you are requesting a Visa Check Card or ATM Card, your card and Personal Identification Number (PIN) will arrive at your home in separate mailings (the card will arrive first).

4. Authorization/Certification/Signatures

Please read the Authorization and Certification section below, and then sign your name and date.

By signing this agreement, You understand that You are applying for current and future electronic services offered as selected in section 2. You agree and understand that if approved, You are contractually liable according to the applicable terms of the ***Credit Line Account Agreement and Addendum,*** the ***Vantage Credit Union (VCU) Membership and Account Agreement,*** the ***Fee Schedule,*** and all terms and amendments the Credit Union makes from time to time that are incorporated herein. You acknowledge receiving a copy of the Agreements and Fee Schedule and promise to pay all amounts charged to your account according to the terms. If this is a joint application, You agree that such liability is joint and several. You understand that You will be liable for any advances, transactions, or money requested by any joint owner(s). You understand that any card, Personal Identification Number (PIN) or other electronic access You request for your joint owner(s) or co-trustee(s) will allow them access to funds and/or information on accounts which they may not be a joint owner. If You wish to revoke this authorization, You will notify VCU immediately and agree to change your PIN or other electronic services as required by VCU.

Signature (Primary Owner) Date

Signature (Joint Owner #1) Date

Signature (Joint Owner #2) Date

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

CREDIT UNION REPRESENTATIVE SIGNATURE **DATE** **APPROVAL CODE** **DATE CARD(S) ORDERED**

This credit union is federally insured by the National Credit Union Administration.