



Share Draft / Checking Account Application

Member Information

Account No. _____

Member Name _____

Street _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Joint Owner Information (If applicable)

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

I/We request the following services (please mark):

- Debit Card
- Audio Response
- Online/PC EFTs
- Bill Payment

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfer Agreement.

X _____ /_____/_____
SIGNATURE OF MEMBER DATE

X _____ /_____/_____
SIGNATURE OF JOINT OWNER DATE

Please return to:

P&S Credit Union
2250 S. Redwood Rd.
Suite # 6
Salt Lake City, UT 84119

Phone: (801) 973-0575
Toll Free: (877) 973-0575
Fax: (801) 797-8654
Email: memberservices@pandscu.org