

Password Authorization Request Form

Section 1: Select password restriction type

- Secure Password with restricted Online Banking, Call24, ATM/Debit Card and Shared Branch
 Secure Password as additional identification verification only

Section 2: Member Information

Account Number: _____ Date of Request: _____

Account Ownership: Single Joint

Primary First and Last Name: _____

Joint First and Last Name: _____

Section 3: Password Information

Password (maximum 40 characters): _____

I request that a Password/Restriction be placed on my account due to the following reason(s):

By signing below, as the Primary Account Owner, I understand and agree that this password along with several security questions must be provided by me or any other account owner in order to obtain account information or withdraw funds from this account. I understand the type of restriction placed on the account(s) will be determined by the option I selected in Section 1 of this form. If I fail to select an option, the Secure Password will only be used as additional identification verification. Additionally, I understand that it is my sole responsibility to provide the account Password to every other owner of the account and do not expect the Credit Union to do so nor shall I hold the Credit Union liable for refusal to provide an account Password to any owner.

Signature of Primary Member: **(Required)**

_____ Date: _____

Signature of Joint Owner: **(Optional)**

_____ Date: _____

FOR CREDIT UNION USE ONLY

Credit Union Rep Signature: _____ Teller ID: _____

Branch Location: _____ Processed Date: _____

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