



24-Hour Account Access Application

Formerly known as *Application for Affinity OneCard/ATM and Telephone Account Access (AUDREY)*

Complete, sign, and attach one (1) form of government-issued photo ID (driver's license, passport, etc.) for each applicant.

Section 1 – Primary Member Information

Member Name		Membership Number		Email Address	
Address		City		State	Zip Code
Home Phone		Business Phone		Mobile Phone	

Section 2 – Joint Member Information

Member Name		Member Number		Email Address	
Address		City		State	Zip Code
Home Phone		Business Phone		Mobile Phone	

Section 3 – Affinity OneCard (Debit Card) or ATM Card

Check here if for a Health Savings Account (HSA)

- Check here to apply for an Affinity OneCard; however, you must have an Affinity Checking Account or Health Savings Account.
- Check here if you would like 24-hour ATM access, but do not have an Affinity Checking Account. You may apply for an Affinity ATM card to have an Affinity ATM Card issued instead of an Affinity OneCard.

Check your Affinity OneCard/ATM Card Options:

Do you want a card for your joint owner? YES NO

Do you want an additional card in your name? YES NO *Additional cards are subject to a \$5.00 fee.*

Note for HSAs: The fee is waived for additional HSA Debit Cards. If you need additional cards for authorized family members, request and complete the *Affinity OneCard Application for HSA Non-Owner Authorized Users* form.

Section 4 – Telephone (AUDREY) and Internet (Home Banking) Account Access Authorization

- Check here if you wish to obtain balance inquiries, account histories and/or transfer funds among your accounts under this membership via telephone and/or the internet.
- Check here if you also wish to transfer funds from this membership number to a different membership number. To use this feature, both the sender and the receiver of funds must be enrolled in AUDREY. This transfer authorization can be used with telephone and internet account access: If you elect this feature, enter the member name(s) and membership number(s) you would like to transfer to:

Member Name	Membership Number

Member Name	Membership Number

Section 5 – Personal Identification Number (PIN)

Select four (4) single numbers and enter below. Select a PIN that will be easy for you to recall, but difficult for others to determine. Avoid using numbers such as your birth date. Never carry it with you or write it on your card.

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If I/we am/are not approved for an Affinity OneCard, I/we understand that Affinity FCU will process this same application to determine my/our eligibility for an Affinity ATM Card in its place. By signing below, I/we certify that the information provided is true and complete. I/we authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my/our credit standing. I/we agree to be bound by the terms and provisions of the 24-Hour Account Access and Electronic Funds Transfer Agreement and Disclosure. I/we acknowledge receipt of said disclosures. I/we understand the Affinity OneCard transactions will be withdrawn from my/our Affinity Checking Account. For joint memberships, both owners must sign below.

X _____ X _____
 Member Signature Date Joint Member Signature Date

For Credit Union Use Only

Date:	Branch #:	Employee's Full Name	Member's ID Type:	Joint Member's ID Type:
			Member's ID #:	Joint Member's ID #: