



FLEXTELLER APPLICATION

Name: _____

Account Number: _____

Mother's Maiden Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

By putting your email on this form you agree to receive Electronic Statements from PCCU.

You will need a Personal Identification Number (PIN) to access your account on FLEX TELLER.

_____ **I would like to select a PIN. Please call me at** _____ - _____ - _____.

_____ **I would like to use the following PIN:** _____ **(4-10 Digits, Numbers or Letters)**

NEVER give out your account number or PIN for your security. All information given to PCCU is confidential.

I agree to safeguard my account number and Personal Identification Number (PIN) and will not use Flex Teller for any unauthorized or illegal transactions.

Member Signature _____

Date _____

(office use only) Initials _____ **date** _____