



Home Financial Services (HFS)
Online Banking & E-statements Application

Please print and fill out the following:

Primary Accountholder Name (First-Middle-Last) Date

Email Address Account Number

Home Address City State Zip

Daytime Phone Number Evening Phone Number

Joint Accountholder Name (First-Middle-Last)

Secondary Account Numbers (Your HFS will be set up to transfer to these accounts. You will not see balances on these accounts.)

SIGNATURES: By signing below, I/We agree to the terms and conditions set forth in the Electronic Funds Disclosure received in person or in the mail. If you do not agree to the terms and conditions, you must notify the Credit Union in writing and account access will be removed. I/We also understand that anyone using my/our PIN number (personal identification number) has been authorized by the Primary account holder to transfer and withdraw funds. If you authorize a secondary user, you are authorizing them to transfer and withdraw funds from your account. If you feel that the security of your pin number has been compromised, change it immediately and notify the credit union.

Primary Accountholder Signature Date

Joint Accountholder Signature (both signatures required on joint accounts) Date

Drop off at any Citizens CU location or mail to: Citizens Credit Union
Attn: Member Services
435 S. Westnedge Ave.
Kalamazoo, MI 49007

If you have any questions about this application, please call Member Services at (269) 381-1938 or 1-888-647-1938, option 2.

FOR CITIZENS CREDIT UNION USE ONLY
Member Services Representative Date