

**ANYTIME INFO-LINE**  
**Signature Card and PIN (Personal Identification Number) Request**

**PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_

Cell Phone

Home Phone

Work Phone

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

PLEASE SELECT A 4 DIGIT PIN NUMBER (EXACTLY 4 DIGITS)

\_\_\_\_\_

**By signing below you acknowledge receipt of and agree to be bound by the Electronic Funds Transfer (Audio Response) Agreement and Disclosure.**

Signature: x \_\_\_\_\_

LIST ANY ACCOUNT NUMBER THAT YOU WISH TO TRANSFER FUNDS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_