

Share Draft Checking Account Authorization

Member # _____

I/we request a share draft checking account from the FASNY Federal Credit Union. I/we agree to be bound by the terms and conditions previously disclosed. I/we understand the account comes with automatic overdraft protection from shares (savings).

I/we request a debit card(s) in conjunction with this account. I/we request the following personal identification number(s) for my/our debit card(s):

Primary Member PIN _____ Joint Owner PIN _____ (must be 4 digits)
If left blank, randomly generated PINs will be automatically sent to me.

I/we request free online BillPay be set up on this account. Yes Not at this time

Please print my/our checks as follows:

Primary Member Name: _____

Joint Owner Name: _____ (if applicable)

Address: _____

City, State, Zip: _____

Phone: _____ (optional)

Primary Member Signature

Joint Owner Signature

Date

**Return this form with minimum \$50 opening deposit to:
FASNY Federal Credit Union - 107 Washington Avenue, Albany, NY 12210**