



**Bashas' Associates**  
**Federal Credit Union**  
 Once A Member, Always A Member

**B. O. L. T. S.**  
**(Bashas' On Line Teller System)**

Please list the following information as it appears on your Bashas' Associates Federal Credit Union statement for the account you are applying for Online Services.

Primary Account Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

List below your BAFCU account numbers that you wish to have access to.  
 (You must currently be a signer on the account(s).

_____	_____
_____	_____
_____	_____
_____	_____

(If additional accounts are needed, please attach a separate sheet)

**PLEASE READ BEFORE SIGNING**

I am applying to BAFCU to establish Online Banking Services and, if approved, I authorize BAFCU to process transactions for me as requested and post them to the designated account(s). The use of Online banking shall be governed by the printed terms and conditions of the Electronic Funds Transfer AGREEMENT AND DISCLOSURES and such other terms and conditions or amendments thereto, as may be established by Bashas' Credit Union and communicated in writing to me. I agree that my first use of the Online Banking Services will signify my acceptance of the terms on the agreements that we were provided when the account was opened. I agree that the Credit Union is not responsible or liable for any unauthorized transfer from any account due to the failure by myself or any authorized person to maintain the security of the Online Banking ID and/or Access PIN.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Union Use Only**

Account Number: \_\_\_\_\_

Access Granted by: \_\_\_\_\_

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

Agreement mailed/given to member on: \_\_\_\_\_