

Security@home Authorization Form

Please print out this form and use ink to supply the appropriate information and signature(s).

Security Federal Credit Union account number you wish to access Security@home:

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I use Security's ATM Card Yes No I use Security's 24-Hour Telephone Account Access (audio phone system) Yes No

By signing below, I agree to the terms and conditions of the [Electronic Services and Electronic Funds Transfer Disclosure](#). I also understand that anyone with whom I share my PIN and Password shall be considered an Authorized User.

Print Account Owner Name	Account Owner Signature	E-mail address
Print Account Owner Name	Account Owner Signature	E-mail address

Mail, fax, deliver completed form to:
Security Federal Credit Union
P.O. Box 5160
Flint, MI 48505-0160
Fax: 810-235-2459

You will be notified when Securiry@home has been activated for your account. How would you like to be notified?

E-Mail Address: _____ Fax #: _____

Mail (will be sent to address of record on account) Phone #: _____