



Security@home Authorization Form

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

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

Seven empty boxes for account number input

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 (EFT Disclosure). I also understand that anyone with whom I share my PIN and Password shall be considered an Authorized User.

Signature lines for Account Owner Name, Account Owner Signature, and E-mail Address (two rows)

*Mail, fax or deliver completed form to:*

Security Credit Union  
P.O. Box 5160  
Flint, MI 48505-0160  
Fax 810-235-2459

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

Notification options:  E-Mail Address,  Fax #,  Telephone #,  Mail (will be sent to the address of record on account)