

Electronic Services Application: SESLOC eBranch and Phone Teller

Please send me a **Phone Teller SESLOC eBranch Password** so I may access my Credit Union accounts by Touch-Tone phone or personal computer. I have read the **Phone Teller/Computer Teller Agreement and Electronic Funds Transfer Disclosure** and agree to the terms and conditions therein and to change my PIN immediately. **Type directly on this form. Use the tab key to move to the next field.**

Full Name _____ Member # _____

Address _____
Number and Street City State Zip Code

Primary Phone* _____ Work Phone* _____

Cell Phone* _____ Email* _____

Share Account(s) # _____ Share Draft Account(s) _____

I understand my **Personal Identification Number (PIN)** should not be revealed to anyone.

Primary Account Signature (use ink) _____ Date _____

* **A current phone number and email are required to utilize all eBranch services.**



Please print this form, sign in ink, and mail or fax to:

SESLOC Federal Credit Union
Attn: Member Solutions Center
P.O. Box 5360
San Luis Obispo, CA 93403

FAX: (805) 540-7779

Federally insured by NCUA,
a U.S. Government agency.

Rev.11/14

FOR OFFICE USE ONLY

UA _____ VRPL _____ EMPL INIT _____ DATE _____
Member identification was verified with Verbal password Photo ID Signature on File Two Challenge Questions