

## 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.**

**Funds insured to \$250,000 by the NCUA, an agency of the federal government.**

FOR OFFICE USE ONLY

UA \_\_\_\_\_ VRPL \_\_\_\_\_ EMPL INIT \_\_\_\_\_ DATE \_\_\_\_\_

Member identification was verified with  Verbal password  Photo ID  Signature on File  Two Challenge Questions

Rev.10/10



**Please print this form, then sign in ink and mail to:**

SESLOC Federal Credit Union  
P. O. Box 5360,  
San Luis Obispo, CA 93403  
Attn: Member Support  
FAX: (805) 546-9622