

E Z Access Application

New Request Modify Request

I authorize ECU Credit Union to update my membership information and provide the requested service(s).

Member Name: _____ Member Number: _____

Address: _____

City, ST ZIP: _____

Daytime phone number: _____

Cross Member Access:


I authorize ECU Credit Union to establish a cross member relationship which will allow me to transfer funds from my account (acct # _____) in to the following accounts:

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

I understand this authorization is for a one way transfer through EZ Access and Virtual Branch; I will not be able to reverse the transfer or transfer funds from these accounts with this authorization. Please contact us at for additional information.

Anywhere you see the swirl  you can conduct a range of financial transactions.
To locate a Shared Branch facility visit <http://www.cuservicecenter.com/>.

Member Signature:

Date

Member Signature:

Date

Member Signature:

Date

Please sign and return the form to ECU Credit Union by fax 727-393-0127 or mail P. O. Box 4818 Seminole, FL 33775. For more details call . Once ECU Credit Union receives your form and verifies your identity your request will be processed.