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## Electronic Services Enrollment Form

Home Banking     Audio Response Telephone

Member Name: \_\_\_\_\_

Member Account #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Account Number's to transfer to:

(Account balance will not be available)

\_\_\_\_\_

Account Number's to view:

(Home Banking Only)

\_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed by: \_\_\_\_\_ Teller# \_\_\_\_\_