## Sign up for PAT

## **Personal Audio Teller Service**

Please print and fill out the following and i	mail or bring to your credit union office
Fields marked with an asterisk* are require	ed.
Full Member Name *	
Member Number *	
Please select a 4 digit personal identification	on number (PIN) *
e-mail	
Please sign & date below:	
Signature	_ Date
Signature of joint owner, if joint account	_ Date