



EMAIL ALERT APPLICATION FORM

Acct#

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.....
 (Last Name) (First Name) (Middle Initial)

.....
 (Joint Member Last Name) (First Name) (Middle Initial)

Home Address/PO Box

Cell #

Email Address Block Letters:

Tick box for Alert
 I/We wish to request the following alert(s): Payroll ATM

By signing, I/We hereby apply for CFCCU Email Alert and authorise you to provide the service for this Community First Co-operative Credit Union (the "Credit Union") account indicated above. It is understood that the message will be sent at my/our risk in every respect and that CFCCU will not be liable for the consequences of any delay, mistake or omission in transmission or any interception of the said message.

.....
 (Signature of Member) (Signature of Joint Member)

Date Requested:/...../..... Date Requested:/...../.....

INTERNAL USE ONLY

Completed by: Authorised by:

Date:/...../..... Date:/...../.....