



## **ACCOUNT SERVICES APPLICATION**

(For ATM/Debit MasterCard each member must fill out a separate application)

Account Number: Account Holder Name:		Email Address:	Email Address:	
		Social Security #:		
<del>-</del>		wing Account Service WaveNet, E-Statement and E-Mail S		
☐ Add ☐ Remove	WaveNet (online b	panking)		
$\square$ Add $\square$ Remove	WavePay (bill pay/	/popmoney)		
$\square$ Add $\square$ Remove	E-Statement (electronic statement)			
$\square$ Add $\square$ Remove	E-Mail Services (receive important account notification electronically)			
$\square$ Add $\square$ Remove	WaveLine (audio phone line)			
☐ Add ☐ Remove	ATM/Debit Mas Checking Suffix (Checking required for purcha	Savings Suffix	r ATM use only, not for purchases)	
☐ Add ☐ Remove	Overdraft Prote Indicate suffix transfer		_23	
☐ Add ☐ Remove		− Relationship ☐ <u>inve</u>	erse non-inverse 3.	
	· ·	on and to request a credit report, and Disclosure provided with this a	if applicable. I agree to be bound by the terms and opplication.	
	•	rs only, subject to approval by Wave erCard for ATM access only if offered	Federal Credit Union. If I am not approved for a Debit d instead.	
I understand that this is not a cr Union checking account and/or c		mount of purchases made with this	s card will be deducted from my Wave Federal Credit	
Electronic Funds disclosure, Priva	acy disclosure and any other disc urate and authorize Wave Fede	closures. The service and disclosures	itions governing the services including Truth in Savings, s may be amended from time to time. The undersigned mation is accurate and authorize Wave Federal Credit	
account processing and cross-ac accept responsibility for any over restrict access to the functions r	count overdraft. Any transfer rdraft loan advances that occur mentioned above, and I agree	ring account owner can terminate a because of cross-account processin to hold Wave FCU harmless for an	sub-account of those listed above as related to cross- access to these functions at any time. I also agree to ag or cross-account overdraft. It is my responsibility to by losses the credit union or I may incur due to cross-	
account processing or cross-acco	unt overdraft transactions or a	ccess. This agreement appends the	Account Agreement and Disclosures.	
Account Holder Signature		Date		
Office Use Only			☐ EFT Disclosure	
FO Staff Initials:	Date:	Card Approved by:	Approved Date:	
BO Staff Initials:	Date:	Card Ordered by:	Ordered Date:	
Card #:55144911		<u></u>	Effective: 15NOV2018	