

## Spring Mill Employees FCU Internet Flexteller Enrollment Form

Member Name	Joint Owner Name
Member SSN	Joint Owner SSN
Member Date of Birth	Joint Owner Date of Birth
Street Address	City, State and Zip Code
Home Phone Number	Email Address (Optional)

Base Account Number	_____	FREE Internet Flexteller Services - Unlimited Use
Base Account Number	_____	FREE Internet Flexteller Services - Unlimited Use
Base Account Number	_____	FREE Internet Flexteller Services - Unlimited Use

**Security Question:** Please select on the questions below and provide the answer. This information will be used in the event we need to verify your identity over the phone.

- \_\_\_\_\_ 1. Name of your first born child? \_\_\_\_\_
- \_\_\_\_\_ 2. In what city were you born? \_\_\_\_\_
- \_\_\_\_\_ 3. What is your mother's maiden name? \_\_\_\_\_

\_\_\_\_\_

Signature of Primary Member

Today's Date

Accepted By (MSR) and Date	
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