

**South Atlantic Federal Credit Union
Electronic Banking Authorization**

I agree to the disclosure of Terms and Conditions of Electronic Banking

I authorize South Atlantic FCU to activate the following account on the Electronic Banking System.

I understand that the account listed below will be accessible to me through Electronic Banking.

Print this form and after you have completed it, mail it or bring it by

South Atlantic Federal Credit Union
1 West Camino Real Suite 110
Boca Raton, Fl 33432

Or

Fax to (561)-394-3307

Account number # _____

If you are joint on another account you may list that account number below.

Second (2) Account number# _____

South Atlantic Federal Credit Union will activate your Online Banking account within 24 hours of receiving this signed form.

Date _____

Members Signature _____

Please Print Name here _____