



TELEPHONE TELLER APPLICATION

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Member Number:

Select your PIN (Personal Identification Number):

Your PIN must be between 4 and 10 numeric digits. PIN cannot begin with a zero.

Member Signature _____

Date _____

Your request will be processed within 1 business day.

Please mail this application to:

Credit Union of Texas
Member Services
P.O. Box 515719
Dallas, TX 75251-5719

Or FAX to:
972-705-4996