

SCORELINE APPLICATION:

To take advantage of the convenience of the audio response system, please complete the form below and return it to the credit union.

Account #: _____ PIN# requested: _____ (4 digits)

Primary Member: _____

Joint Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I(we) hereby make application for the audio response system, SCORELINE. I(we) agree not to disclose my member number or PIN to anyone not authorized to sign on my account. I(we) understand that SCORE Federal Credit Union may terminate this agreement at any time. I(we) also understand that the first 10 calls per month are free. Any calls in excess of 10 per month are \$1.00 per call and will be debited from my(our) account monthly with the credit union.

Member Signature Date

Joint Member Signature Date

Please complete this form and return to the credit union by mail, fax or drop off.

SCORE Federal Credit Union
1447 Mahan Drive
Tallahassee, FL 32308

FAX: 850-922-6318