



Access 24 Set-Up Form

You must be a member of NIH Federal Credit Union to apply for this service. This form is for Access 24 and Online Banking. Please **PRINT** out this page and fill in the required information **COMPLETELY**. Remember to sign this application before you send it to NIHFCU; we will not be able to process your request without your signature.

Submit your form:

By mail: NIHFCU Attention: Branch Administration | P.O. Box 6475, Rockville, MD 20849-6475

In person: Any NIHFCU branch | **By fax:** 301.770.5372 Attention: Branch Administration.

Review our Important Account Information disclosure (www.nihfcu.org/privacy-security-legal/disclosures.aspx) regarding the terms and conditions governing the use of this service.

Questions? 301.718.0208 or www.nihfcu.org

Date: _____

NIHFCU Account Number: _____

Names (Last, First, MI): _____

(Last, First, MI): _____

Address: _____

Work Phone: _____

Home Phone: _____

I understand that all previous terms and conditions currently existing with my savings account are incorporated into this agreement unless I receive further notice. I understand this service can be cancelled if it has been determined that there has been unauthorized use on my account, or if I request this service to be cancelled.

Member and Joint Owner Signatures: (please sign below)
