



## 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](http://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](http://www.nihfcu.org)

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**Date:**

**NIHFCU Account Number:**

**Names (Last, First, MI):**

**(Last, First, MI):**

**Address:**

**Work Phone:**

**Home Phone:**

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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)**

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Member Sginature

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Joint Member Sginature