



Volt Credit Union – Online Banking Request Form

Primary Member Name _____ Login Account # _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Phone Home Work Cell _____ Check if new address or phone number

SECTION 1: Request For eAccess or Password Reset

Username (6–12 characters, must begin with an alphabetic character, not case sensitive, cannot contain special characters):

Temporary Password (7–10 characters, include at least one alphabetic character and one non-alphabetic character (numbers or special). Passwords are case sensitive):

Joint Access (Optional): Add Joint Owner eAccess

Joint Owner Name: _____

Address _____ City _____ State _____ Zip _____

Phone Home Work Cell _____ Check if new address or phone number

Username: _____ Email Address _____

Temporary Password: _____

AUTHORIZATION

By signing below, I am applying for online banking account access. I agree that the use of my username will be governed by Volt Credit Union's Account Agreements and Disclosures and by the Internet Account Access Agreement and Disclosures. I understand that I am responsible for safeguarding my password and will notify Volt immediately if compromised.

Primary Member Signature _____ Date _____

Joint Owner Signature (if applicable) _____ Date _____