

SECURITY PASSWORD REQUEST FORM

FOR MOBILE, ONLINE & TELEPHONE BANKING

This form is used to establish or change a Security Password for telephone contact, or to establish or reset a Mobile or Online Banking Password, or Telephone Banking Personal Identification Number (PIN). For verification, a copy of a Photo ID, such as your Driver's License, must accompany this

Member Name _____ Member Number _____

Social Security Number _____ Date of Birth _____

Daytime Phone Number _____ Home Work Cell

Email Address _____ Fax Number _____

Security Password _____ New Change

Must not exceed 25 characters. When choosing your password, please select a word or phrase such as your hobby, favorite sport or pet's name. Please do not use your Mother's Maiden Name or Social Security Number.

Check here, to order or reset a Mobile or Online Banking Password or Telephone Banking PIN.

For your protection, this confidential information is not available for review, and must be reset if you've forgotten. Your Security Password will be required to process a Mobile or Online Banking Password or a Telephone Banking PIN request by phone.

I understand that my iTHINK Financial Credit Union Security Password will be required when conducting certain transactions with Credit Union Representatives by telephone, mail, fax and/or email. Should I wish to change this Security Password in the future, I understand that I must complete a new Security Password Request Form. I further agree to protect the confidentiality of my Security Password so that it is known only to the Credit Union and myself, in order to protect

I have included a copy of my Photo ID: Driver's License State Identification Card Passport

Member Signature _____ Date _____

Return your signed and completed form with a copy of your identification to Fax 561.226.5415, by secure email to serviceplus@ithinkfi.org, to your local Branch or by mail to the address below.

For assistance, please call 800.873.5100 or email serviceplus@ithinkfi.org.

P.O. Box 5090 | Boca Raton, FL 33431 | 800.873.5100
ithinkfi.org | serviceplus@ithinkfi.org

FOR CREDIT UNION USE ONLY					
<i>Once verified, load above Security Password as FSP Member Password.</i>					
Staff Initials		Operator #		Date	
Verifier Initials		Operator #		Date	
Signature Verified With Documents On File		ID Verified With Documents On File			
If no Identification on file, list two types of ID provided that will be retained for future verifications.					
ID Type #1		ID Number			
ID Type #2		ID Number			