

**You must be a current member of SAFE Federal Credit Union, Sumter, South Carolina to apply for SAFENET. Mail completed form to SAFE at PO BOX 2008, Sumter, SC 29151, or fax it to (803)469-4050.**

You can use SAFENET as soon as we receive and set up your password. If you are unable to access SAFENET within 24 hours after we have received your application, you may call SAFE to confirm that your accounts are ready for SAFENET transactions.

**PASSWORD SELECTION:** (Select at least 4 and no more than 10 numbers and/or letters for initial setup. It is recommended that first time users change passwords after accessing SAFENET.)

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Name: (exactly as shown on statement)			Email address:		
Home Number:	Cell Number:	Work Number:	Date:		
Member's <b>LAST FOUR</b> of Social Security Number:			Member Number:		
Street Address:					
City, State:			Zip Code:		

SAFENET on-line financial access is FREE. The bill paying service is \$5 per month for unlimited number of payments. When selecting the bill paying service, be aware each vendor may have its own posting policies separate from the date the electronic payment is received.

**CROSS ACCOUNT ACCESS:** Allows above individual to access your account to transfer to and from your account, as well as review all account history and transactions including loan history. To authorize this account, you will need to sign in to your account; click on 'Preferences'; click 'Multiple Accounts'; 'Add Account'; input User ID of the account to access and password; and click 'Add Access'. **To revoke access to your account, you must change your password.**

**TRANSFER ACCESS ONLY:** Provide name as it appears on the account and account number. Either party may revoke transfer access, by notifying Member Service Center at (803)469-8600.

TRANSFER ACCESS ONLY	
1) Account Name: Account #: Authorizing Signature of Account Holder:	1) Account Name: Account #: Authorizing Signature of Account Holder:
2) Account Name: Account #: Authorizing Signature of Account Holder:	2) Account Name: Account #: Authorizing Signature of Account Holder:

**Please check the box that applies to you:**

- For Bill Pay Service:  No, I do not want Bill Paying Service.
- Yes, I also want Bill Paying Service (checking account required). Funds from my checking account will be used to pay my bills. To pay for this service \$5\* will be deducted from my checking account.

\*Funds will be deducted the last business day of the month. \*See your EFT disclosure for additional charges.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Office Use Only	
Prepared by:	Date
Purpose: (setup, revocation, transfer access, Bill Pay)	Date