

# Audio Response Telephone Teller Application

Please print and fill out the information below. Be sure to sign and date it.

Mail the completed form to:  
Idaho State University FCU  
921 S. 8th Ave., STOP 8029  
Pocatello, Idaho 83209

You will be contacted with your initial Personal Identification Number.

**Account #** \_\_\_\_\_ (Credit Union Account Number Required) Example: 12345-6

**Last Name:** \_\_\_\_\_ (Required)

**First name:** \_\_\_\_\_ (Required)

**Social Security #** \_\_\_\_\_ (Required) Example: xxx-xx-xxxx

**Email Address:** \_\_\_\_\_ (Required) If no email, type in phone number.

**Mother's maiden name:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_