

AUTHORIZATION FORM

Date: _____

Member No.: _____

I _____ authorize the staff of OTS Employees FCU (OTSEFCU) to perform the following function(s) on my account.

- Unlock my account for online banking purposes
- Reset my debit card pin number
- Reset my Maxxar (Audio Voice Response) pin number or password
- Reset my online banking password
- Reactivate my account from dormant status
- Other: _____

I understand the potential risks involved with requesting this service over the phone, through the mail and in person. I release OTSEFCU of all liability resulting from any misuse of this transaction.

Print Name: _____

Signature: _____ Date: _____

Contact Phone: _____

Email Address _____