



SmartCall Application

YES! I would like to sign up for the SmartCall Audio Response System. Please Print.

Name _____ Member Number _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____

Please enter a 4-digit numeric personal identification number (PIN) as follows: _____

I (we) hereby authorize Firstmark Credit Union to provide access through SmartCall for transfers from my member account to the member account listed below. I am either the primary or joint owner and have the member's approval to transfer to their accounts.

Member accounts that I wish to transfer to (maximum of 9 member accounts):

Member Name	Member Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Terms and Conditions

The PIN chosen above must not be disclosed or made available to anyone not authorized to access the account. For the member's protection, recall of the PIN is prohibited. If the PIN is forgotten, a request for a new one must be made with proper identification. This application is subject to the approval of Firstmark Credit Union and may be terminated at anytime.

Signature _____ Date _____ Signature _____ Date _____

Print and mail to Firstmark Credit Union, P.O. Box 701650, San Antonio, TX 78270-1650 or bring into any of our convenient locations. Please allow five days for processing before using this service.