

BUFFALO FIRE DEPARTMENT FEDERAL CREDIT UNION

HOME BANKING SIGNUP FORM

I would like to participate in the Buffalo Fire Department Federal Credit Union Home Banking Program.

Account # (s) _____ E-mail Address _____

Name (Please Print) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Social Security # _____ Birth Date _____

I would like to receive my statements electronically: Yes _____ No _____

Signature _____