



Instructions: Customers are required to print, complete the form, sign and submit, along with a copy of valid identification to your PSCU home branch. Our staff will process your application and contact you within three (3) working days with your username and password for access to the services. If you have any questions on how to complete this form, you can call our representatives at (868) 623-8118 ext. 226/227/228/229.

\*Required Fields

New Application  Amendment

			<b>Account No:</b>
<b>*First Name:</b>	<b>Middle Initial</b>	<b>*Birth Date (yyyy/mm/dd)</b>	<b>Branch:</b> <input type="checkbox"/> Port of Spain <input type="checkbox"/> Arima <input type="checkbox"/> San Fernando <input type="checkbox"/> Tobago
<b>*Surname:</b>	<b>*Identification:</b> <input type="checkbox"/> ID <input type="checkbox"/> DP <input type="checkbox"/> PP		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**\*Address:**

**ONLINE BANKING**

Would you be interested in our Online Banking Services (GIA-Global Information Access) ? GIA allows you the availability to access your current financial data with the ability to perform secured transactions 24 hours each day.

No  Yes  EMAIL \_\_\_\_\_

**INTERACTIVE VOICE RESPONSE (IVR) & MOBILE BANKING (MIA)**

Would you be interested in our IVR and MIA ?

- IVR allows you the ability to request account balances and letters via telephone
- MIA allows you the ability to receive your account balances on your cellular phone \*\*

BOTH  MIA TELEPHONE: \_\_\_\_\_  
 IVR  NONE CELL PHONE: \_\_\_\_\_

\*\*Please note all messages are subject to your mobile charges.

**QUARTERLY STATEMENTS**

How do you wish to receive your **Quarterly Statement**? Please select one of the following:

POST  COLLECT AT THE BRANCH  EMAIL \_\_\_\_\_

**CUSTOMER AGREEMENT:**

I, the undersigned agree to be bound by the terms and conditions of PSCU Electronic Banking Agreement. A copy of this Agreement is available via PSCU website, <https://www.pscutt.com> or upon request from your branch.

<b>CUSTOMER SIGNATURE:</b>	<b>Print Name:</b>	<b>DATE:</b>
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**FOR OFFICIAL USE ONLY:**

Date Entered;	INITIALS:	Date Verified:	INITIALS:
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