



# CALL-24

## PIN REQUEST FORM

To enroll and receive your CALL-24 Personal Identification Number, please complete the form below, sign and return it to the Financial Services Center.

**FAX**  
361/986-0636  
**EMAIL**  
fsp@mycoastlifecu.com

**MAIL**  
CoastLife Credit Union  
ATTN: Financial Services  
Center 6810 Saratoga Blvd.  
Corpus Christi, TX 78414

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

The Credit Union registers the PIN for my/our use only. I assume responsibility for all transactions made through the Call-24 system. The PIN is the property of the Credit Union and is subject to cancellation at any time. I may cancel my PIN privileges at any time by notifying CoastLife Credit Union in writing. I understand that the Personal Identification Number which I have selected is personal and confidential. Therefore, I agree to take all reasonable precautions that no one else learns my PIN. At no time will I reveal or make available, directly or indirectly, the PIN to any other person. Any loss or theft of my PIN must be promptly reported by calling the credit union. Once issued, the credit union does not maintain a record of the PIN selected; if the PIN is lost or stolen you must apply for a new PIN.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR CREDIT UNION USE ONLY</b>	
<b>ADDRESS VERIFICATION</b>	
Contact _____	Date _____
Employee _____	

**PIN**  
Must be 4 digits.  
**DO NOT USE THE**  
**LAST 4 OF YOUR SS#.**

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